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ANNUAL REPORT  
OF THE  
COUNTY MEDICAL OFFICER  
OF HEALTH

FOR THE THREE YEARS

1948, 1949, 1950



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North Riding of Yorkshire County Council

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# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER  
OF HEALTH

FOR THE THREE YEARS

1948, 1949, 1950





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# INTRODUCTION.

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*To the Members of the North Riding of Yorkshire County Council.*

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to submit a report on the work of the Health Department of the County Council for the years 1948-9-50. The delay in submitting this report is regretted and it has arisen from the changes in staff and in organisation which followed the appointed day under the National Health Service Act 1946. In addition to the transfer of two tuberculosis officers to the Regional Hospital Boards and the replacement of these whole-time officers by the appointment of other officers who as chest physicians had allocated to them areas which are not coterminous with local government boundaries, a reorganisation of clerical staff took place. Area offices in ten centres were established ; some clerks left the service of the County Council and joined that of the hospitals. As a result the administrative machine which functioned with reasonable efficiency before 1948 suffered a partial breakdown because of the separation of functions under the various parts of the National Health Service Act. Hospital and sanatorium staffs stopped the supply (and in some cases have not resumed the supply) of information about patients admitted and discharged ; valuable data regarding the incidence of types of illness, the return home of infectious cases of tuberculosis and the discharge of children-patients were no longer given. In addition, the notification of infectious illness in hospital became less effective : new resident medical staff in particular seemed unable or unwilling to remember to notify the medical officer of health regarding such cases and had to be reminded that courts of summary jurisdiction can impose penalties for non-compliance with statute. The absence of a medical superintendent in the pattern of hospital administration has not helped in these matters : no medical advisory committee can possibly give the necessary day to day instructions to junior staff. A committee for the prevention of the spread of infection can never work with the same efficiency as one competent responsible officer.

The scheme for decentralised sub-offices where most of the routine functions of the Health Committee under Part III of the National Health Service Act 1946 are administered has now been working for over three years. It costs more than central administration and still leaves much administrative



work to be done at County Hall. The local supervision of ambulances can never be so effective as is the local control of fixed clinics and nursing services ; the demand for the most part comes from hospital employees who have no loyalty to the local health authority and who request transport for persons who might often use public conveyances without detriment to their health. The fusion of ambulance services and hospital facilities under the effective control of groups of directly elected representatives instead of nominated persons without responsibility to an electorate, might have brought more realism into this difficult financial subject. It is perhaps not too late to redress the position and to put effective power into the hands of persons who are responsible to the ratepayers.

In conclusion I have to thank the Chairman and members of the County Health Committee for their support and help during these difficult years. I also desire to acknowledge with gratitude the co-operation of my colleagues at County Hall and to thank, the professional, technical, administrative and clerical staff of the medical department for their loyal assistance.

I have the honour to be

Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient Servant,

J. A. FRASER,  
County Medical Officer.

County Hall,  
Northallerton,  
April, 1952.

# NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

## ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

For the Three Years 1948, 1949, 1950

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

#### STAFF OF COUNTY HEALTH DEPARTMENT.

County Medical Officer of Health	..	J. A. Fraser, M.B., CH.B., D.P.H.
Deputy County Medical Officer of Health	..	G. Walker, M.B., CH.B., D.P.H., M.R.C.P.(E) (resigned 11-1-51)
Tuberculosis Officer	.. ..	.. A. Cubie, M.B., CH.B., D.P.H. (transferred to Regional Hospital Board 5-7-48).
do	.. ..	.. S. P. Wilson, M.D., CH.B., D.P.H., (transferred to Regional Hospital Board 5-7-48).
Medical Officer for Maternity and Child Welfare		} Marjorie J. M. Dow, M.B., CH.B., D.P.H. } Margaret C. Barnet, M.B., CH.B. } (from 3-5-49).
Assistant Medical Officer—Mobile Maternity & Child Welfare Unit		
Chief Dental Officer	.. ..	.. S. Craven, L.D.S.
District Medical Officers of Health		.. See Table on pages 7, 8 and 9
Superintendent Nursing Officer	..	.. Gertrude F. Berridge, S.R.N., S.C.M., H.V.CERT.
Deputy Superintendent Nursing Officer	..	.. Frances S. Leader, S.R.N., S.C.M., H.V.CERT. (from 4-7-49).
Assistant Superintendent Nursing Officer	..	.. Edith B. Dunn, S.R.N., S.C.M., H.V.CERT. (resigned 16-4-49).
do	do do	.. Alice M. Turner, S.R.N., S.C.M., H.V.CERT. (resigned 24-10-48).
do	do do	.. Doris Miller, S.R.N., S.C.M., H.V.CERT. (from 14-2-49 to 31-5-51).
Chief County Health Inspector	..	.. D. Davies, M.R.S.I., M.S.I.A., (resigned 30-4-49).
do		G. D. Aspin, C.S.I.B., A.F.S.(E). (from 1-11-49).
County Health Inspector	..	.. G. D. Aspin, C.S.I.B., A.F.S.(E). (until 31-10-49).
do	.. ..	.. R. Wharin, M.S.I.A.
do	.. ..	.. G. Collinson, M.R.S.I., D.P.A. (from 1-3-50).
Lady Almoner	.. ..	.. Mary Bustard, (transferred to National Assistance Board 5-7-48).
Chief Clerk	.. ..	.. M. R. Wallace (resigned 20-9-48).
do	.. ..	.. H. A. Roebuck, D.P.A. (from 1-11-48).
County Ambulance Officer	..	.. C. F. J. Hole, (from 1-6-48 to 17-3-51).



Area.	County Districts	Assistant County Medical Officer.	Medical Officer of Health for Sanitary Services.
Thornaby ..	Thornaby Borough Stokesley R.D.	F. D. Ross-Keyt, M.B., CH.B., D.P.H., Area Health Office, Francis Street, Thornaby-on- Tees, Yorks. (resigned 30-6-49). J. W. A. Rodgers, M.B., CH.B., D.P.H., Area Health Office, Francis Street, Thornaby-on-Tees. (from 1-7-49).	F. D. Ross-Keyt.  J. W. A. Rodgers.
Eston ..	Eston U.D. ..	J. A. Dunlop, M.B., CH.B., D.P.H., Area Health Office, Cleveland House, Grangetown, Middlesbrough.	J. A. Dunlop.
Redcar ..	Redcar Borough Saltburn & Marske U.D.	N. M. Macdonald, M.B., CH.B., D.P.H. Area Health Office "Tees- wold," Coatham Road, Redcar, Yks. (died 29- 5-50). H. Pattinson, M.B., CH.B., D.P.H., Area Health Office, "Teeswold," Coatham Road, Redcar, (from 1-12-50).	N. M. Macdonald.  H. Pattinson.
Guisborough	Guisborough U.D. Loftus U.D. .. Skelton & Brotton U.D.	W. H. Butcher, V.R.D., M.A., D.M., D.P.H., Barrister at Law, Area Health Office, The Close, Brotton, Saltburn	W. H. Butcher.
Whitby ..	Whitby U.D. .. Whitby R.D. ..	R. A. Read, M.B., CH.B., D.P.H., Area Health Office, Grape Lane, Whitby, Yks. (resigned 18-1-49). B. Schroeder, M.B., CH.B., D.P.H., Area Health Office, Grape Lane, Whitby. (from 22-6-49).	R. A. Read.  B. Schroeder.

Area.	County Districts	Assistant County Medical Officer.	Medical Officer of Health for Sanitary Services.
Ryedale	Malton U.D. & R.D. }	W. R. M. Couper, M.B., CH.B., D.P.H., Area Health Office, Hungate, Pickering (from 1-7-49)	*L. C. Walker, M.A., M.R.C.S., 42, Yorkersgate, Malton (until 30-4-50).
	Helmsley R.D. . .		W. R. M. Couper (from 1-5-50) *A. C. Blair, M.D., Helmsley.
	Kirbymoorside R.D.		*T. Walsh Tetley, M.R.C.S. Hobground, Great Barugh, Malton, Yorks.
	Pickering R.D. . .		*D. L. Fletcher, M.B., Castlegate House, Pickering (until 30-6-49) W. R. M. Couper (from 1-7-49)
	Pickering U.D. . .		*D. L. Fletcher, M.B., Castlegate House, Pickering (until 31-8-49) W. R. M. Couper (from 1-9-49)
Bulmer	Easingwold R.D.	F. D. Ross-Keyt, M.B., CH.B., D.P.H., Area Health Office, Easing- wold (from 1-7-49 to 31-1-51)	*E. B. Hicks, L.R.C.P., Ivy Dene, Easingwold. (died 3-5-50)
	Flaxton R.D. . .		F. D. Ross-Keyt (from 4-5-50 to 31-1-51) *A. W. Riddolls, M.R.C.S., Westfield House, New Earswick, York (until 30-6-49). F. D. Ross- Keyt (from 1-7-49 to 31-1-51).
	Thirsk R.D. . .		*W. G. MacArthur, M.B., Sowerby Grange, Thirsk.
	Wath R.D. . .		*T. Carter Mitchell, M.R.C.S., Topcliffe, Thirsk
Wensleydale	Northallerton U.D.	W. Sharpe, M.B., CH.B., D.P.H., Area Health Office, Leyburn (from 11-7-49)	*A. E. Milne, M.B., May- ford House, Northaller- ton.
	Northallerton R.D. Aysgarth R.D. . .		W. Sharpe *W. N. Pickles, M.D., Aysgarth

Area.	County Districts	Assistant County Medical Officer.	Medical Officer of Health for Sanitary Services.
Wensleydale (cont.)	Leyburn R.D. ..		*G. Cockroft, M.R.C.S., Middleham, Leyburn, (until March, 1949) W. Sharpe (from 1-9-49)
	Bedale R.D. - ..		*A. W. Hansell, M.B., Woodrow, Bedale
	Masham R.D. ..		*G. R. Dodds, M.B., Bank Villa, Masham.
Richmond ..	Richmond Borough Richmond R.D.	W. Ferguson, M.B., CH.B., D.P.H., Area Health Office, Burrard Avenue, Richmond (from 18-1-49 to 25-6-49) A. Priestman, M.B., CH.B., D.P.H., Area Health Office, Corporation Offices, Richmond (from 18-7-49)	*J. C. B. Williams, M.D. 41, Frenchgate, Rich- mond, (until 17-1-49)  W. Ferguson (from 18-1-49 to 25-6-49) A. Priestman (from 18-7-49)
	Croft R.D.		*A. F. T. Ord, M.B., Aldboro St. John, Rich- mond (until 17-1-49) W. Ferguson (from 18-1-49 to 25-6-49) A. Priestman (from 18-7-49)
	Startforth R D. ..		*A. Leishman, M.B., 38, Horsemarket, Barnard Castle (until 17-1-49) W. Ferguson (from 18-1-49 to 25-6-49). A. Priestman (from 18-7-49)
	Reeth R.D. ..		*W. C. Speirs, M.B., Langhorne House, Reeth, Richmond.
Scarborough	Scarborough Borough Scalby U.D. Scarborough R.D. }	J. Stokoe, M.D., B.S., B.H.Y., D.P.H., Area Health Office, King Street, Scarborough	J. Stokoe (also Divisional School Medical Officer) Elizabeth R. Cameron, M.B., CH.B., D.P.H. Deputy M.O.H., Borough of Scarborough Assistant County Medi- cal Officer.

\* The above officers were not debarred by their terms of appointment from private medical practice.



**STATISTICS AND SOCIAL CONDITIONS OF THE AREA.**  
**GENERAL STATISTICS.**

Area (in acres)	..	..	..	..	1,354,391
Number of inhabited houses (Census 1931)	..				77,134
Number of families or separate occupiers (1931)	..				77,877
Average number of persons per house (Census 1931)	..				4.29
Population (Census 1931)					
Urban Districts	182,279				
Rural Districts	148,822				
	..	..	..	..	331,101
		1948	1949	1950	
		<hr/>	<hr/>	<hr/>	
Population (estimated to mid-year 1948)					
Urban Districts	200,550				
Rural District	151,933	..			352,483
Population (estimated to mid-year 1949)					
Urban Districts	202,484				
Rural District	151,303	..			353,787
Population (estimated to mid-year 1950)					
Urban Districts	204,324				
Rural District	171,853	..			376,177
Rateable Value (1st April, 1949)	..	£2,177,657			
„ „ (1st April, 1950)	..		£2,222,822		
„ „ (1st April, 1951)	..			£2,264,866	
Estimated product of a penny rate	..	£8,755	£8,791	£8,993	

**Area.**

The North Riding of Yorkshire is the third county in order of size in England, its acreage being 1,354,391. Its geographical character varies from the populous industrial district adjacent to the County Borough of Middlesbrough to the sparsely populated dales and moorland districts; there are also smaller aggregations of population in inland districts and on the seaboard which forms the eastern boundary of the Riding.

The administrative county includes four municipal boroughs (Redcar, Richmond, Scarborough and Thornaby-on-Tees), ten urban districts and twenty rural districts.

In nearly its whole length, the northern boundary is formed by the river Tees, separating the Riding from the County of Durham; the eastern boundary is the seaboard; on its southern boundary the Riding abuts on the East and West Ridings and the City of York; whilst on its western side is the Pennine Chain and the Lake District. Running almost north and south from Cleveland to the Vale of York is a range of hills known in its first portion as the Cleveland Hills and merging into the Hambleton Hills. In the western portion there are three main dales—these are Teesdale, Swaledale and Wensleydale proceeding from north to south.

**Population.**

The population as estimated by the Registrar General at mid-year 1948, 1949 and 1950 is set out in the table below ; the population for the year 1938 is also shown for comparative purposes.

Year.	Urban Population	Rural Population.	Total.
1938 ..	186,000	147,500	333,500
1948 ..	200,550	151,933	352,483
1949 ..	202,484	151,303	353,787
1950 ..	204,324	171,853	376,177

**Social Conditions and Occupations.**

The main industries in the north-eastern part of the Riding are ironstone mining and the manufacture of steel ; on the seaboard is a group of seaside holiday resorts ; and in the rural districts industry is mainly agricultural.

**Extracts from Vital Statistics of the Year.**

			Total	M.	F.	
1948	Live births	{ Legitimate	6,295	3,282	3,013	} Birth rate per 1,000 of the estimated resident population 18·9.
		{ Illegitimate	365	182	183	
1949	„	{ Legitimate	6,082	3,109	2,973	} Birth rate per 1,000 of the estimated resident population 18·1.
		{ Illegitimate	325	157	168	
1950	„	{ Legitimate	5,803	2,996	2,807	} Birth rate per 1,000 of the estimated home population 16·1.
		{ Illegitimate	270	131	139	

			Total	M.	F.	
1948	Still births	..	175	102	73	Rate per 1,000 total (live and still) births 25·60.
1949	„	..	171	101	70	Rate per 1,000 (live and still) births 26·00.
1950	„	..	160	91	69	Rate per 1,000 total (live and still) births 25·67.
1948	Deaths	..	4,161	2,143	2,018	Death rate per 1 000 of the estimated resident population 11·8.
1949	„	..	4,468	2,245	2,223	Death rate per 1,000 of the estimated resident population 12·6
1950	„	..	4,518	2,324	2,194	Death rate per 1,000 of the estimated home population 12·0.

					Rate per 1,000 total (live and still) births.
1948	Deaths from puerperal causes			Deaths.	
	Puerperal sepsis ..	..	..	1	·14
	Other puerperal causes ..	..	..	9	1·32
				—	—
				10	1·46
				—	—

1949	Deaths from puerperal causes		Deaths	Rate per 1,000 total
				(live and still) births.
	Puerperal sepsis	.. ..	1	.15
	Other puerperal causes	.. ..	4	.61
			—	—
			5	.76
			—	—

1950	Deaths from pregnancy, childbirth, abortion	.. ..	Deaths	Rate per 1,000 total
				(live and still) births
			11	1.76

	1948	1949	1950
Death rate of infants under 1 year of age :	—	—	—
All infants per 1,000 live births ..	38.1	39.3	35.2
Legitimate infants per 1,000 legitimate live births .. .. .	36.85	38.6	35.1
Illegitimate infants per 1,000 illegitimate live births .. .. .	60.27	52.3	37.0
Deaths from measles (all ages) .. ..	3	4	3
Deaths from whooping cough (all ages) ..	4	1	8
Deaths from diarrhoea (under 2 years of age) ..	13	24	(figures not given separately).

### Live Births and Birth Rates.

During the years ended 31st December, 1948, 1949 and 1950, the live births registered in and belonging to the Riding numbered respectively 6,660 (654 births less than the previous year, a decrease of 9.8%), 6,407 (253 births less than in 1948, a decrease of 3.9%) and 6,073 (334 births less than 1949, a decrease of 5.5%).

The birth rate for the Riding as a whole was for 1948, 1949, 1950, respectively, 18.9, 18.1 and 16.1 (per 1,000 estimated population), the corresponding rate for England and Wales being 17.9, 16.7 and 15.8.

Particulars of the rates in the several sanitary districts of the Riding are shown in Table 1 of the statistical tables appended to this report.

### Illegitimacy.

There was, during the three years covered by this report, a further progressive decrease in the number of illegitimate live births registered during the period as compared with the years immediately preceding. During 1948, 365 such births were registered (17 less than in 1947 and 120 less than in 1946) ; in 1949, 325 such births were registered and in 1950, 270.

On the basis of 1,000 population the illegitimate birth rate was 1.04 in 1948, .92 in 1949 and .71 in 1950 as compared with 1.13 in 1947 ; in calculating the rate per 1,000 live births the rate was 54.80 in 1948, 50.72 in 1949 and 44.46 in 1950 as compared with 52.23 in 1947 and 72.64 in 1946.

### Stillbirths.

The number of stillbirths registered in 1948 was 175 (a decrease of 47 on the previous year) 171 in 1949 and 160 in 1950. Further analysis of these figures into sexes indicates that there were 102 male and 73 female stillbirths in 1948, 101 male and 70 female stillbirths in 1949 and 91 male and 69 female stillbirths in 1950. The rate per 1,000 total births was 25.60 in 1948, 26.00 in 1949 and 25.67 in 1950 ; this rate compares with 29.46 for 1947.



### Deaths and Death Rates.

During 1948 the total number of deaths registered for the Riding was 4,161 (2,143 males and 2,018 females) ; the number registered for 1949 was 4,468 (2,245 males and 2,223 females) ; and in 1950 the number registered was 4,518 (2,324 males and 2,194 females). The total figure gives an annual death rate of 11·8 in 1948, 12·6 in 1949 and 12·0 in 1950 (per 1,000 estimated population) ; in terms of urban and rural districts the death rates for the seven years ended 31st December, 1950, were as follows :—

	Death Rates.						
	1944	1945	1946	1947	1948	1949	1950
North Riding :							
Urban Districts ..	13·7	13·9	13·1	13·3	12·1	13·1	13·0
Rural Districts ..	11·8	12·9	12·0	12·7	11·5	12·0	10·8
Administrative County ..	12·9	13·5	12·7	13·0	11·8	12·6	12·0
England and Wales ..	11·6	11·4	11·5	12·0	10·8	11·7	11·6

The particulars of the number of deaths and the rates in the several sanitary districts are tabulated at the end of the report.

### Mortality at Different Ages from various Causes.

The details supplied by the Registrar General are shewn on Table 3 on pages 100 to 105.

The principal causes of death in the County during 1948, 1949 and 1950 were as follows, the figures for 1938 being also given.

	1938	1948	1949	1950
Influenza .. ..	65	12	34	48
Heart diseases .. ..	1,707	1,351	1,529	1,739
Other circulatory diseases ..	273	172	209	149
Bronchitis .. ..	96	192	182	151
Pneumonia (all forms) .. ..	215	159	156	124
Congenital malformations, birth injury, infantile disease and premature birth	157§	157	163	43†
Tuberculosis of the respiratory system	142	124	127	104
Tuberculosis (other forms) ..	48	25	20	13
Cancer, malignant disease ..	569	624	633	626
Intra-cranial vascular lesions ..	308	523	566	616‡
Nephritis .. ..	116	119	146	67*

NOTE. Owing to a regrouping by the Registrar General, of the causes of death it is not possible to compare the figures given for the year 1950 where marked † ‡ \* with those of previous years. The groupings used prior to 1950 are set out in the Table above and the amendments to the grouping are set out below.

§ Congenital debility, premature birth, etc. (1938)

† Congenital malformations (1950)

‡ Vascular lesions of nervous system (1950)

\* Nephritis and Nephrosis (1950)

The position in the various sanitary districts is set out fully in Tables 4, 5, 6 and 8, but it is of interest to note that the deaths ascribed to diphtheria in the County numbered 1 in 1948, 1 in 1949 and Nil in 1950 as compared with 11 in 1938.

### Cancer, Malignant Disease.

Cancer was responsible for over 600 deaths in each of the three years covered by this report and the following tabular statement shows the position for the last ten years :—

DEATHS AND DEATH RATES FROM CANCER.								
Total Number of Deaths.					Death rate per 1,000 population.			
Year.	County.	Urban Districts.	Rural Districts.	County.	Urban Districts.	Rural Districts.	England & Wales	
1941 ..	547	308	239	1.67	1.74	1.59	1.77	
1942 ..	528	296	232	1.65	1.70	1.58	1.83	
1943 ..	549	327	222	1.73	1.90	1.53	1.90	
1944 ..	546	332	214	1.73	1.90	1.52	1.90	
1945 ..	593	352	241	1.89	1.99	1.76	1.94	
1946 ..	581	357	224	1.75	1.89	1.57	1.84	
1947 ..	586	340	246	1.73	1.76	1.69	1.85	
1948 ..	624	373	251	1.77	1.86	1.65	1.86	
1949 ..	633	390	243	1.79	1.93	1.61	1.87	
1950 ..	626	352	274	1.66	1.72	1.59	1.89	

### Infantile Mortality.

There was a decrease in each of the years covered by this report in the number of deaths of infants under 1 year, the total number for 1948 being 254 (a decrease of 72 compared with the previous year); the total number for 1949 being 252; and the number for the year 1950 being 214.

The following table shows the infant mortality rates for the last 10 years :

Year.	Urban Districts.	Rural Districts	Administrative County.	England & Wales.
1941 ..	61.6	53.6	58.0	59.0
1942 ..	52.4	49.8	51.2	49.0
1943 ..	56.7	52.2	54.7	57.5
1944 ..	41.7	41.1	41.4	46.0
1945 ..	55.6	54.4	55.1	46.0
1946 ..	40.1	31.5	36.5	43.0
1947 ..	46.2	42.3	44.6	41.0
1948 ..	38.8	37.2	38.1	34.0
1949 ..	41.7	36.1	39.3	32.0
1950 ..	36.0	34.2	35.2	29.8

The main causes of deaths amongst many children under one year of age were as follows :—

	1945	1946	1947	1948	1949	1950
Congenital malformations, birth injury, infantile disease, and premature birth .. ..	170	157	194	147	155	*
Diarrhoea .. ..	27	6	25	13	19	*
Pneumonia .. ..	48	29	50	41	33	24
Bronchitis .. ..	17	6	16	17	10	4
Whooping cough .. ..	1	6	4	2	1	3
Measles .. ..	2	—	1	—	2	1

\* Figures not given by Registrar under this heading for 1950.

The Riding is completely covered by a domiciliary midwifery service which is working satisfactorily ; some difficulty was experienced in obtaining qualified midwives during the three years under review, particularly in 1948 and 1949. The infantile mortality rates for the various districts are shown in Table 2 in the statistical tables.

In many cases, owing to the small numbers involved, these rates must be treated with reserve ; the health visiting staff has been reinforced during the period covered by this report.

### Measles.

There were 3 deaths from this cause during 1948, 4 during 1949 and 3 in 1950 compared with 5 deaths in 1947. The following show the deaths ascribed to measles for the past ten years :—

1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
15	6	10	2	6	1	5	3	4	3

### Whooping Cough.

The number of deaths from whooping cough was 4 in 1948, 1 in 1949 and 8 in 1950 compared with 5 in 1947 and 11 in 1946.

### Infantile Paralysis.

The number of deaths from the group of diseases which are usually known to the layman as infantile paralysis are shown in Table 9 for the respective years. They can be summarised here as 3 deaths in 1948, 3 deaths in 1949 and 8 deaths in 1950. Table 7 gives the number of notifications for this disease during each year. In 1950, 81 notifications were received as compared with 3 in 1948 and 22 in 1949. The responsibility for treatment of paralytic conditions of this kind lies with the Regional Hospital Boards, but after the receipt of each notification enquiries were made into the sanitary conditions, particularly the disposal of excreta and refuse, and the possibility of nuisances from cesspits and stagnant water in ditches. Action, when necessary, was taken by the local sanitary authority concerned.



**Administration.**

The day to day administration of Sections 21-29 of the National Health Service Act is delegated by the Health Committee to local sub-committees in each of the ten health areas of the Riding. District health offices are established at centres shown in the table below ; these are staffed, with one exception, by an assistant county medical officer, assisted by one senior clerk and one general division clerk. The remaining area (Scarborough) has a medical officer of health (who is also Divisional School Medical Officer), a Deputy Medical Officer and additional clerical staff. Each assistant county medical officer is, as a rule, also a medical officer of health of all county district authorities within his area ; exceptions at the end of 1950 were the Urban District of Northallerton and the Rural Districts of Bedale, Helmsley, Kirbymoorside, Masham, Reeth, Thirsk, Wath and Aysgarth. These areas still have part-time medical officers seventeen years after the promulgation of the County Council's scheme for medical officers of health debarred from private practice.

The areas of decentralised administration and the location of the district health offices are as follows :—

No.	Area	Constituent Authorities	Population Preliminary 1951 census figures	Area Health Office at
1	Thornaby	Thornaby Borough .. Stokesley R.D.	41,335	Health Centre, Francis Street, Thornaby-on-Tees.
2	Eston ..	Eston U.D. ..	33,315	Cleveland House, Grangetown.
3	Redcar ..	Redcar Borough .. Saltburn & Marske U.D.	35,940	"Teeswold," Coatham Road, Redcar.
4	Guisborough	Guisborough U.D. .. Loftus U.D. Skelton & Brotton U.D.	29,031	The Annexe, " The Close," Brotton.
5	Whitby ..	Whitby U.D. .. Whitby R.D.	23,554	Grape Lane, Whitby.
6	Ryedale ..	Malton U.D. .. Pickering U.D. Helmsley R.D. Kirbymoorside R.D. Malton R.D. Pickering R.D.	28,781	Hungate, Pickering.
7	Bulmer ..	Easingwold R.D. .. Flaxton R.D. Thirsk R.D. Wath R.D.	49,025	Manor Road. Easingwold.
8	Wensleydale	Northallerton U.D. .. Aysgarth R.D. Bedale R.D. Leyburn R.D. Masham R.D. Northallerton R.D.	33,961	Thornborough Hall, Leyburn.

No.	Area	Constituent Authorities	Population Preliminary 1951 census figures	Area Health Office at
9	Richmond . .	Richmond Borough . . Croft R.D. Reeth R.D. . . Richmond R.D. Startforth R.D.	44,790	Corporation Offices, Frenchgate, Richmond.
10	Scarborough . .	Scarborough B. . . Scalby U.D. Scarborough R.D. . .	58,428	Health Department, King Street, Scarborough.

Each assistant county medical officer undertakes clinical duties in connection with the school health service and holds clinics for infants under the age of 5 years not attending a maintained school. Matters of policy are dealt with by the Health Committee but each area sub-committee has considerable powers in the day to day administration of the functions delegated by the County Council.

## CARE OF MOTHERS AND YOUNG CHILDREN.

### Clinics and Centres.

The National Health Service Act, 1946, made the County Council responsible for the non-institutional care of mothers and young children in accordance with the provisions of the following section.

“ 22 (1) It shall be the duty of every local health authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority.”

Prior to the appointed day on which the National Health Service Act, 1946 came into force (*i.e.* 5th July, 1948) twenty-one premises were used in the Riding by the five welfare authorities as ante-natal clinics : seventeen by the County Council and one each by the Councils of the Boroughs of Richmond, Scarborough and Thornaby and the Urban District of Whitby.

The County Council's proposals submitted to and approved by the Minister of Health to operate from the appointed day made provision in the main for :—

Additional ante-natal clinics and infant welfare centres in the Flaxton Rural District, in the Catterick area and at other places in the Riding.

Services in connection with part III of the Act in all health centres projected under section 21.

The conversion of existing buildings for use as welfare centres and school clinics in substitution of certain unsatisfactory premises.

The purchase of a mobile clinic and its use in conjunction with village halls to bring the amenities of an infant welfare centre at twice monthly intervals to areas where there had been difficulty in securing accommodation or where the lack of public transport to the nearest centre had caused the authority to hire vehicles to collect mothers and children and to take them home again.

Consultations with the Regional Hospital Boards concerning the non-institutional care of children suffering from crippling defects or requiring massage and remedial exercises.

Women and children from the southern part of the Riding to attend clinics and centres in York subject to agreement and the continuation of the joint weekly infant welfare session in the Huntington area. East Riding mothers and children to be permitted to attend ante-natal clinics, welfare and other clinics in Malton and/or Scarborough if they so desired.

Co-operation with the Joseph Rowntree Village Trust for the operation of an experimental mobile clinic in rural areas.

The continuance of grants to the York and Ripon Diocesan welfare associations in connection with their case work for unmarried mothers and their provision at Scarborough and York of two homes for unmarried mothers and their babies. The payment of any such contribution to be conditional on inspection by authorised officers of the authority or of the Ministry of Health and representation of the authority on the committees of management.



The continuance of voluntary help, where available, at welfare centres and other clinics.

The use of premises and facilities provided by the Scarborough Council for Social Service for the purposes of an orthopaedic clinic and the co-operation with the Central Council for the Care of Cripples and their local branches in care work.

The continued use of the services of general practitioners with a knowledge of infant management in some of their infant welfare centres or in the event of negotiations not being successful to appoint whole-time medical officers for this purpose.

Adherence to the principle that as far as practicable one practitioner only shall be in regular attendance at the sessions of any one clinic, or centre.

Negotiation with the Regional Hospital Boards at Newcastle and Leeds for the part-time services of certain medical specialists and for the co-ordination of methods of admission of women and children to the hospitals and convalescent homes which were to be transferred to the Boards on the appointed day. It was intended to seek to arrange consultative clinics at the hospitals of the Boards and to secure the attendance of obstetricians and gynaecologists, ophthalmic surgeons, orthopaedic surgeons, otorhinolaryngologists, paediatricians, psychiatrists and other specialists at clinics situated in the administrative county. It was proposed in the event of difficulty in securing the services of specialists to seek to make direct arrangements with specialists not under contract with the Boards and to co-operate with the local education authority in relation to child guidance work, the provision of physiotherapists, speech therapists and other medical auxiliaries, insofar as these services are not provided by the Regional Hospital Boards.

Negotiation with the Regional Hospital Boards and/or their Hospital Management Committees with a view to arranging for medical officers employed by the authority to be attached to maternity hospitals, children's hospitals, and to hospital wards for the treatment of children's diseases.

### **Care of Premature Infants.**

Special training of selected health visitors in the care of premature infants ; an early visit to be made by one of the Council's health visitors to the home and consultation with the midwives to take place in order to ensure continuity of care ; specialist paediatric advice to be made available by arrangement with the Regional Hospital Boards to any practitioner called to assist a midwife because of the birth of a premature baby.

Help in the domiciliary care of premature infants by making provision for suitable equipment to be provided on loan and for a home help if available.

The medical and nursing staff of the authority to ensure that midwives realise the importance of obtaining early assistance in case of prematurity and to secure co-ordination between health visitors and midwives.

### **Dental Care.**

The use of the school dental service in order to obtain priority of treatment for expectant and nursing mothers and children under 5 years. The provision of fixed clinics at an early date in the major towns of the Riding where such clinics were not already established. The County Council had previously approved in principle a total establishment of one chief dental officer, two area dental officers, seventeen dental officers, twenty dental attendants, four mechanics and four apprentice mechanics. A central dental laboratory had already been equipped in 1947 for the manufacture of orthodontic appliances and dentures and it was proposed to make x-ray diagnostic apparatus available at three points in the Riding. All forms of dental treatment, including dentures, were to be provided by the authority's dental officers.

Until the necessary number of dental clinics became established, arrangements were to be made with private dental practitioners for examination and such treatment of expectant and nursing mothers and young children as might be required. The estimate that the service of the equivalent of four dental surgeons and one dental mechanic for the purposes of dental care under this section was to be regarded as provisional.

Making available to children under 5 years the special experience of two members of the dental staff in orthodontics and for particular regard to be given to this type of experience in recommending candidates to the staff of the school dental service.

The authority proposed to seek from the Regional Hospital Boards at Leeds and Newcastle-upon-Tyne facilities for the dental treatment of the priority classes set out in Section 22 (1) of the Act at hospitals and other institutions.

### **Supply of Welfare Foods.**

The continued storage of welfare foods on the premises of the former welfare authorities or in locked cupboards on the rented premises used intermittently for infant welfare centres. It was proposed to relieve health visiting staff as far as practicable of all duties in relation to the distribution or storage of welfare foods and to allocate a clerk from the local health office to attend sessions of the welfare centre (and at other times if necessary) to distribute welfare foods. This clerk was to co-operate with the local food officer so as to ensure that supplies from the Ministry of Food of vitamin supplements and other commodities were available at the clinics ; in the case of the mobile clinic it was proposed to include on the staff a clerk/driver who would be responsible for all the arrangements in connection with the distribution of welfare foods from such clinic.

### **Provision of Maternity Outfits.**

The purchase in bulk of maternity outfits and their issue through clinics and midwives.



### **Nursery Provision.**

The continuance of the day nursery situated in the Eston urban district as long as there was a demand for such facilities, particularly to mitigate housing difficulties.

The Health Committee to provide in co-operation with the children's committee, residential nursery accommodation for the short stay of children who require temporary accommodation because of sickness or pregnancy of the mother, lack of housing, etc. The accommodation to be provided in discharge of the duty placed on the County Council by the Children Act, 1948, and to be administered in the manner provided in that Act and the regulations made thereunder.

Other forms of provision for the care of the children to be made (1) by co-operation with the British Red Cross Society in its scheme for providing "sitters-in" and (2) on the recommendation of the local health sub-committee that a system of daily guardians is necessary for emergency purposes in its area. It was not proposed to give permanent full-time employment to "sitters-in" or daily guardians.

The provision of creches at appropriate centres subject to the availability of suitable premises and staff, and the local health authority being satisfied that there was need for the service.

### **Care of Unmarried Mothers and Children.**

The continuance of the arrangements made by the North Riding Joint Committee for the care of illegitimate children and their mothers, though the functions of this co-ordinating committee would no longer be necessary, as the County Council, from the appointed day, would be the local health authority for the whole area. The authority would make grants to the Diocesan Welfare Associations related to the amount of non-institutional welfare work actually carried out on behalf of the authority, and would, subject to adequate representation and the right of authorised officers of the authority and of the Ministry of Health to inspect, make grants to mother and baby homes maintained by the Diocesan Welfare Associations. The claims of other religious communities willing to provide similar facilities for persons of their own faith or for unmarried mothers and illegitimate children in general would receive comparable grants, subject to the same conditions of inspection and representation on the committee of management.

The County Medical Officer to be responsible for the co-ordination of the activities of the Diocesan Welfare workers with the health visiting and other staff of the authority. To report to the Health Committee regarding the adequacy of the hostel accommodation and to co-ordinate hostel arrangements with lying-in facilities provided by the Regional Hospital Boards. The health visiting staff of the local health authority to co-operate with the staff of any Committee which might be set up to supervise the care of children deprived of home life. To report on persons desiring to be approved as foster-parents and at all stages of an adoption, if this is deemed necessary in the child's interests. The day-to-day aspects of this work to be decentralised

to the care of the assistant county medical officer who would report thereon in the first place to the local health sub-committee. These functions were to be exercised with due regard to the powers and duties of the County Council under the Children Act, 1948, and the regulations made thereunder, and to the provisions of the enactments for the time being in force regarding the adoption of children.

### **Development Plan.**

The authority proposed to construct new premises in the major towns to replace existing accommodation in conjunction with any health centre provision which might be made.

The authority to seek to provide hostels for ante-natal and post-natal cases, when suitable premises became available ; the use of buildings in the Riding which might be declared redundant by the Regional Hospital Boards to receive due consideration. The authority to make arrangements to provide that, subject to the consent of the patients, the blood of all women attending ante-natal and post-natal clinics shall be examined at an approved laboratory. The provision of mobile transfusion units together with obstetrical flying squads to be made in co-operation with the staff of the National Blood Transfusion Service and the specialist officers of the Regional Hospital Boards.

The various services provided under these proposals to be reviewed from time to time and steps taken to extend the provision or remedy defects which might become necessary in the light of experience. In particular it was proposed to extend and develop, as soon as practicable, the arrangements for the dental care of expectant and nursing mothers and of children under the age of 5 years so as to provide adequate facilities for every expectant mother to be examined by a dental practitioner following her first attendance at an ante-natal clinic ; for the periodical examination of children under the age of 5 years ; and for the necessary treatment to be provided for expectant and nursing mothers and young children, particular attention being given to conservative treatment.

### **Progress during 1948-49-50.**

#### **Infant Welfare Centres.**

On the 5th July, 1948, the County Council took over 5 infant welfare centres previously controlled by the former maternity and child welfare authorities of Richmond, Scarborough (2), Thornaby and Whitby ; a further 34 centres were taken over from voluntary committees, making a total (including those previously operated by the County Council) of 61 centres. During 1949, centres were established at Catterick Camp, Dishforth R.A.F. Station, Hawnby, Huntington, Stockton-on-Forest, Sutton-on-Forest, Topcliffe R.A.F. Station, bringing the total at the end of the year to 68. A further 13 centres were opened during 1950 in the villages of Clifton, Dishforth, Hawes, Hovingham, Kirklington, Lealholm, Leyburn, Masham, Osbaldwick, Reeth, Slingsby, Welburn, Whitwell and Shipton, the latter being discontinued during the same year, making a total of 80 at the end of the year. It is pleasing to note that by opening new centres and improving existing centres during the three years covered by this report the number of children attending has increased by 199 and 3,559 in 1949 and 1950 respectively. The average number of attendances per session was 38 in 1948, 38 in 1949 and 35 in 1950.



### Ante-Natal and Post-Natal Clinics.

The number of expectant mothers attending ante-Natal clinics in 1949 and 1950 was less than in the previous year, the actual attendances being correspondingly reduced. This decrease can largely be attributed to a fall in the birth rate and the increased use of maternity hospital accommodation.

Post-natal sessions were held at Redcar, Scarborough, South Bank and Thornaby-on-Tees.

Item.	1948		1949		1950	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
No. of Clinics .. ..	20	4	22	4	24	4
No. of Sessions .. ..	581	136	629	136	662	136
No. of Women who attended .. ..	2,399	182	1,712	180	2,029	171
Total No. of attendances ..	7,696	202	6,551	243	6,571	202

In addition to the above, North Riding expectant mothers attended Ante-natal clinics at York and Ripon and the following details refer to these two clinics :—

	1948		1949		1950	
	York	Ripon	York	Ripon	York	Ripon
No. of Women who attended .. ..	12	31	11	45	15	17
Total No. of Attendances	82	120	85	117	116	50

### Mobile Infant Welfare and Ante-Natal Unit.

On the 28th March, 1949, the Joseph Rowntree Village Trust presented to the County Council a well constructed mobile clinic, movement being effected by a 27 h.p. " Pontiac " estate car. The unit was intended to serve rural districts in the North Riding administrative County within 15 miles radius of New Earswick (the Joseph Rowntree Model Village) but later the radius was extended to 25 miles. The mobile centre is staffed whole-time by an assistant county medical officer (female) a qualified health visitor and a driver/clerk. Waiting rooms are hired in the villages for the use of those awaiting examination and/or advice. The estate car not only tows the unit but serves a useful purpose by transporting mothers and children from out-lying hamlets and farmhouses to and from the unit. The attendances are aggregated with those for static centres, but it is hoped to give them separately in the report for the year 1951.

## INFANT WELFARE CENTRES.

Area No.	No. of Clinics	No. of sessions held during year.	No. of children who attended during year	No. of Children who first attended during the year and who on the date of their first attendance were:		No. of Children in attendance at the end of the year who were then:		Total No. of Attendances.	
				Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age
1948									
1	8	235	904	618	78	483	421	7,160	2,194
2	3	124	1,002	735	45	630	372	7,838	628
3	4	130	976	557	208	416	558	6,017	1,211
4	6	139	902	472	308	290	612	3,113	3,449
5	3	80	307	110	57	97	210	1,080	709
6	7	100	513	146	81	159	354	901	1,210
7	12	206	1,451	548	595	573	764	2,648	3,320
8	6	112	564	134	58	150	285	1,409	1,543
9	6	86	384	198	137	156	228	1,326	1,282
10	6	249	1,187	583	129	498	689	5,604	2,500
Total ..	61	1,461	8,190	4,101	1,696	3,452	4,493	37,096	18,046
1949									
1	8	235	1,037	570	139	449	291	8,660	2,524
2	3	124	1,027	694	77	477	546	7,841	755
3	4	153	969	438	219	277	275	6,650	1,874
4	6	154	1,047	408	315	312	625	3,213	3,698
5	3	85	255	115	30	106	116	1,173	814
6	8	95	500	161	85	113	303	978	1,257
7	17	286	948	418	171	338	610	2,392	2,860
8	6	111	502	156	152	144	251	905	1,798
9	7	110	781	404	190	329	286	2,387	978
10	6	200	1,323	562	110	429	777	6,290	2,236
Total ..	68	1,553	8,389	3,926	1,488	2,974	4,080	40,489	18,794
1950									
1	8	235	971	570	146	482	473	7,243	2,143
2	3	125	972	507	70	186	41	6,448	974
3	4	150	944	368	142	224	163	5,271	1,853
4	6	154	738	472	318	226	512	3,697	2,865
5	4	89	295	111	65	88	176	1,279	1,100
6	12	143	387	194	126	155	232	1,311	2,026
7	19	350	1,386	441	317	447	939	3,605	4,011
8	10	142	506	212	131	139	161	1,560	1,717
9	8	141	4,350	398	147	342	639	4,213	1,828
10	6	198	1,399	545	976	463	846	5,107	2,668
Total ..	80	1,727	11,948	3,818	2,438	2,752	4,182	39,734	21,185



### **All Centres.**

Special transport hired from local firms was provided to convey mothers and young children (where necessary) to centres established in rural areas. In 1948, 18 centres, in 1949, 24 centres and in 1950, 26 centres were provided with this additional service. Sessions are held weekly, fortnightly or monthly, depending upon the need and the availability of staff and premises. Medical advice was available to mothers at all centres either from whole-time assistant medical officers or from part-time local medical practitioners who were paid sessional fees to attend at certain county council clinics. Qualified nursing staff were in attendance at all sessions.

Proprietary brands of foods were available for purchase at most centres to mothers at cost plus 10% administrative charges ; this has proved to be a popular service in some areas.

### **Orthopaedic Centre, Scarborough.**

The orthopaedic clinic held by the staff of the Adela Shaw Orthopaedic Hospital under the auspices of the Scarborough Council of Social Service at premises in Elder Street, Scarborough, was transferred to the Old Hospital Scarborough, on the 6th May, 1950, and became the direct responsibility of the County Council as Local Education Authority and Local Health Authority. The Orthopaedic Surgeon also attends at county premises in Thornaby-on-Tees, South Bank, Redcar, Carlin How, Whitby and in rented premises in Malton, Northallerton and York.

### **Maternity Outfits.**

Maternity outfits have been available free of charge through midwives and some ante-natal clinics to expectant mothers who had their confinements at home.

### **Care of Unmarried Mothers and their Babies.**

The following table gives details of the number of unmarried mothers who have been accommodated in hostels run by voluntary organisations and whose maintenance in the hostels has been guaranteed by the County Council. It will be noted that the majority have stayed at Heworth Moor House, York, which prior to the 1st April, 1950, was subsidised by the County Council to the amount of its annual deficiency ; since this date, the County Council has paid on a customer basis. Grants have been made to the following moral welfare associations who have through their paid and voluntary workers given valuable help and advice to expectant and nursing unmarried mothers : York Diocesan Association for Moral Welfare (York and N.R. Branch) ; York Diocesan Preventative and Rescue Association (Middlesbrough Branch) ; Cleveland Association for Moral Welfare ; Scarborough Moral Welfare Association ; Whitby Moral Welfare Association.

## CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

Name of Hostel	No. of Unmarried mothers for whom Accommodation was provided.		
	1948	1949	1950
Diocesan Association for Moral Welfare, Heworth Moor House, Heworth Green, York ..	47	37	23
Diocesan Assoc. for Moral Welfare, 6, Claremont, Ripon .. .. .	24	20	3
Diocesan Assoc. for Moral Welfare, 21, Albermarle Crescent, Scarborough ..	28	18	13

In addition to the above, 13 patients were admitted during the three years 1948/50 to Mother and Baby Homes at Bishop Auckland, Bradford, Durham, Harrogate, Norton, Leeds, Rugby and Wilpshire.

In general the help given to the mothers of illegitimate children by the workers of the Diocesan Associations has been much appreciated. In my view there is scope for voluntary and unofficial assistance in this field of social work because of the anxiety of the patient to secure reasonable secrecy : without doubt official social workers could do a great deal to help, but they will usually be suspect because of their official appointment. Up to the present, there has been no refusal to admit an unmarried mother, though several applicants for hostel care had previously been under the care of one or other of the various moral welfare associations. If the patient is affected by contagious or communicable disease, appropriate steps are taken to render her non-infective before admission and to safeguard the future health of the unborn baby.

### **The Care of Cripple Children** (pre-school age groups).

The number of children who attended orthopaedic clinics during the three years covered by this report was 251, 262 and 228. First attendances were made by 169 children in 1948, 160 children in 1949 and 127 children in 1950. The total number of attendances was 453, 540 and 776 respectively.

Children over the age of 2 years who are materially handicapped by crippling defects are dealt with under Regulations made by the Minister of Education under the Education Act, 1944.

Admissions of children under the age of 2 years to Orthopaedic Hospitals were arranged in respect of 16 children in 1948, 16 children in 1949 and 22 children in 1950. These children required treatment for non-tuberculous crippling defects.



## Dental Care.

I am indebted to the Chief Dental Officer of the North Riding Education Committee for a brief report on the work of himself and his colleagues during the three years under review ; I cannot allow this opportunity of paying tribute to the whole-time dental staff to pass. Both Mr. Craven and his colleagues have worked hard to maintain the nucleus of an efficient dental service during the ten lean years since the recruitment of the dental surgeons to the Services begun in 1940. At least the tide has turned and additional dentists are applying for vacancies but even after two more have taken up duty, one will only be able to claim that half the necessary staff has been obtained.

### “Dental Treatment of Expectant Mothers and Children under the age of 5 years not attending a maintained school.

The shortage of whole-time dental staff during the years 1948, 1949 and 1950 limited the volume of work undertaken by county dental officers for these categories of persons. It is not practicable in many parts of this County to have a dental officer in attendance at ante-natal or infant welfare clinics owing to the rural nature of the area and the numbers attending each session ; neither has it been possible for a dental officer to attend at the larger centres with regularity when ante-natal and infant welfare sessions have been held, otherwise their duties as school dental officers would have been curtailed.

It will be noticed from the tables hereunder that whilst the amount of dental treatment given through the County Service to these priority classes has been small, it has shown a steady increase since the appointed day. We are fortunate in having fully equipped fixed dental centres at Thornaby, South Bank, Redcar, Whitby, Scarborough, New Earswick and Northallerton, and in being able by using two mobile clinics, designed and equipped for the purpose, to provide a service in rural areas, mainly for school children ; treatment is also undertaken by officers using portable equipment carried in their own cars.

During 1948 one dental laboratory was established in Northallerton and is now operating to capacity staffed by one senior dental technician in charge and two apprentices. A further laboratory was opened at South Bank in March, 1950, and is staffed by one senior dental technician who is also employed to capacity.

Although there are several vacancies on the County Council's establishment for dental officers there has been no real hardship to these classes as priority has been given by most dentists in private practice. This reduced the demand upon the county service and made it possible to provide treatment for all who have applied.

I set out below tables showing (a) the number of persons within the priority classes who have been provided with dental care and (b) the nature of the dental treatment provided.

S. CRAVEN,  
Chief County Dental Officer.”



## (a) NUMBER PROVIDED WITH DENTAL CARE.

	1948 (to 4 July)				1948 (from 5 July)				1949				1950			
	Examined	Needing treatment	Treated	Made dentally fit	Examined	Needing treatment	Treated	Made dentally fit	Examined	Needing treatment	Treated	Made dentally fit	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	4	4	4	4	20	20	20	18	19	19	19	13	26	26	26	19
Children under five	4	4	4	4	26	26	26	25	90	90	90	73	129	129	129	124

## (b) FORMS OF DENTAL TREATMENT PROVIDED.

		Extractions	Anaes- thetics		Fillings	Scalings or scaling & gum treatment	Silver nitrate treatment	Dressings	Radiographs	Dentures provided	
			Local	General						Complete	Partial
1948 to 4 July	Expectant and nursing mothers	19	—	8	—	4			—	—	
	Children under 5 ..	16	—		—	—			—	—	
from 5 July 1948	Expectant and nursing mothers	.. 130	—	41	2	16			—	—	
	Children under 5 ..	57	—		—	34			—	—	
1949	Expectant and nursing mothers	.. 158	—	98	1	30			5	1	
	Children under 5 ..	187	—		—	12			—	—	
1950	Expectant and nursing mothers	140	—	145	20	22			10	6	
	Children under 5 ..	342	—		—	—			—	—	

### DOMICILIARY MIDWIFERY SERVICE.

The County Council before the "appointed day" under the National Health Service Act, 1946, provided a domiciliary midwifery service for the area for which it acted as local supervising authority, that is to say for the whole of the Riding with the exception of the Borough of Scarborough; all practising midwives were supervised by a non-medical supervisor who also holds the status of superintendent health visitor and county superintendent of nurses. The County Council provided the service in the following way;

- (a) the direct employment of 6 midwives;
- (b) the employment of 2 midwives by the Whitby U.D.C., acting as agents for the County Council;
- (c) arrangements made with the County Nursing Association and 77 district nursing associations for the employment of 105 midwives who gave the equivalent of the service of 67 whole-time midwives. In addition relief midwives were available on the central staff of the County Nursing Association to cover the demands of sick leave and annual leave.

The Scarborough Borough Council provided a domiciliary midwifery service by arrangements made with the Scarborough district nursing association, the latter being subsidised by the Corporation on the basis of providing 3 domiciliary midwives for the town. In addition to those midwives already specified fourteen midwives in the Riding undertook private practice in the homes of patients. Nineteen domiciliary midwives had received instruction in the administration of gas/air analgesia before July, 1948.

The Minister of Health approved the County Council's proposals for a midwifery Service from the appointed day and the facilities provided include *inter alia* :—

Direct employment by the County Council under the general administrative direction of the county medical officer of health, of domiciliary midwives of three categories :—

- (i) "whole-time midwives" in more populous districts;
- (ii) midwives undertaking midwifery and home nursing duties ("combined duties");
- (iii) midwives undertaking midwifery, home nursing, health visiting and school nursing ("generalised duties.")

The supervision of midwives by the superintending nursing staff together with a medical officer of the department as occasion required.

The effective integration of midwifery with the other nursing services in the County.

The direct employment of 39 full-time midwives and 121 part-time midwives, the latter giving service equivalent to 47 whole-time midwives.

(In addition part-time or whole-time midwives were to be employed on relief duty to the equivalent of 10 whole-time midwives; these were to be attached to headquarters and not allocated specifically to the several local health sub-committees).



The making of loans to enable midwives to purchase their own cars ; the granting of mileage allowances to those using their own cars for nursing purposes ; the provision of cars by the council and the hiring of taxis as found necessary.

The provision of houses in certain areas in accordance with powers contained in Section 65 of the National Health Service Act, 1946, having suitable facilities for interviewing and examining patients where no ante-natal nor health centres were within reasonable reach of residents.

The provision of arrangements for refresher courses on midwifery as considered necessary.

### Development Plan.

In addition to the foregoing it was proposed to develop the service by :—

Establishing a training school for midwives to obtain the second part of their training for the Certificate of the Central Midwives Board.

Making grants to suitable women who are accepted for training as midwives and who undertake, on completion of training, to serve as midwives in the Riding for a specified term.

Seeking to make arrangements with the Regional Hospital Boards and their local management committees for the sterilisation of equipment and dressings at hospitals.

### PROGRESS DURING 1948—1949—1950.

#### Staff.

It has not proved necessary to recruit up to the approved establishment because of the reduced number of domiciliary confinements ; this reduction is partly due to a fall in the birth rate and partly to the tendency of expectant mothers to apply for institutional accommodation. The number of nurses undertaking midwifery at the end of 1948, 1949 and 1950, together with the number of confinements during each year are set out in the table below :—

Category	1948	1949	1950
Domiciliary midwives .. ..	32	29	27
Midwives (also undertaking home nursing) ..	10	11	9
Midwives (also undertaking home nursing, health visiting and school nursing) ..	73	83	83
No. of domiciliary confinements ..	3,823	3,626	3,017
(a) attended as midwife .. ..	2,688	2,604	2,068
(b) attended as maternity nurse ..	1,135	1,022	949

#### Training.

Since the appointed day 20 midwives have attended at various centres for a course of refresher training and 26 midwives have received instruction in the use of gas/air analgesia.



A residential training school for midwives for the Second Part of the C.M.B. Certificate was established at the Nurses Home, Belgrave Crescent, Scarborough, on 1st December, 1949 ; residential accommodation was also provided as heretofore for midwives and district nurses.

Two pupils were accepted on the starting date and five more during 1950 ; all have passed the prescribed examination.

#### Notification of Intention to Practise.

It is the duty of every midwife who wishes to practise in the area of a local supervising authority to notify that authority, each year, of her intention to do so. During 1948, 207 midwives had given notice to the County Council as supervising authority and the following statement shows the corresponding figures for 1949 and 1950, together with the distribution of the midwives.

Year.	No. of Midwives.	Employed by the C.C.	Engaged in private practice.	Employed by Regional Hospital Boards.
1949	205	148	19	38
1950	201	155	13	33

The Minister of Health made under Section 6 of the Midwives Act, 1936, an order which came into effect on the 1st September, 1938, prohibiting unqualified women from acting as maternity nurses for gain. Under the Defence (General) Regulations (Regulation 33) the County Council permitted certain midwives who had surrendered their certificates under the Midwives Act 1936, to resume practice subject to being employed on midwifery duties by or on behalf of the County Council. The total number named in the County Council's order in 1948 was 7 and in 1949 the number was 2 ; only one midwife remained on the list at the end of 1950, being employed on midwifery duties by the local supervising authority in the Borough of Thornaby.

#### MEDICAL HELP RECORDS.

The Central Midwives Board is empowered by statute to make rules regulating supervision and restricting within due limits the practise of midwives. A midwife acting as such or as a maternity nurse is obliged to observe these rules. One of the most important of these rules is that she must send for medical aid in all cases of illness of the patient or child or of any abnormality occurring during pregnancy, labour or lying-in period. The following table shows the nature of some of the reports sent in by the county midwives, district nurse/midwives, independent midwives and midwives employed in maternity homes or nursing homes, during the period under review as compared with previous years.

Item.	1944	1945	1946	1947	1948	1949	1950
Sending for medical help	2,085	1,205	1,333	1,308	1,250	1,004	652
Stillbirths	34	45	35	48	74	129	108
Rise of temperature	39	29	54	36	35	29	20
Death of Mother	2	2	2	—	5	3	7
Death of infant	22	14	22	27	16	19	16
Laying out dead body	21	25	27	21	32	33	27
Artificial feeding	61	60	89	84	80	105	128
Liability to be a source of infection	156	134	120	93	103	75	59

The following is a classification of the conditions which necessitated the sending for medical aid.

	1948	1949	1950
During pregnancy	304	220	136
During labour	734	551	326
During lying-in period	80	144	92
In respect of child	132	89	98

### Liability to be a Source of Infection.

In accordance with the rules of the Central Midwives Board there is an obligation on a midwife to notify the local supervising authority when she is liable to be a source of infection. During the years 1948, 1949 and 1950, 103, 75 and 59 notifications respectively were received from midwives for this reason; the medical officers in charge of the ten areas have been given the duty of ensuring that proper steps are taken by each midwife reporting under this rule before returning to duty. In this connection the assistance of the Public Health Laboratory Service is gratefully acknowledged for investigations into nose, throat and ear conditions of midwives when it appeared that the safety of the mothers and babies under their care was endangered.

### Maternal Mortality.

It has been pointed out in previous reports that maternal mortality is subject to wide fluctuations and that the comparison of rates may lead to false deductions owing to the relatively small figures involved. It is perhaps advisable to keep to actual figures although it has been the custom to assess maternal deaths at a rate per thousand total (live and still) births.

During the three years covered by this report the total of maternal deaths numbered 10 in 1948, 5 in 1949 and 11 in 1950.

The mortality rate per thousand total (live and still) births was 1.46 in 1948, .76 in 1949 and 1.76 in 1950, the corresponding rate for England and Wales being 1.02, .98 and .86 respectively.

The distribution of maternal deaths is shown in table 6 on pages 115-117.



## NOTIFICATION OF PUERPERAL PYREXIA.

By the terms of the Public Health Act, 1936, which came into operation on the 1st October, 1937, the term "puerperal fever" was removed from the list of notifiable diseases and replaced by the more comprehensive term "puerperal pyrexia." However, the use of the sulphonamides (and subsequently penicillin) has diminished the morbidity due to organismal infections.

In 1948, thirty-one notifications were received, twelve of the cases being removed to hospital; in 1949, thirty cases were notified of which 15 were hospitalised; and in 1950, there were twenty-two notifications, of which 21 were cared for in hospitals.

## Public Health (Ophthalmia Neonatorum) Amendment Regulations 1937.

Ophthalmia Neonatorum is an infectious condition of the eyes of the new born infant. It is defined as any purulent discharge from the eyes of the infant commencing within 21 days of the date of birth; and, under these Regulations the duty of notifying cases is placed on the medical practitioner in attendance. If a midwife is in attendance she is obliged by the rules of the Central Midwives Board to call in a doctor where there is any eye discharge, however slight. During years 1948, 1949 and 1950 five, six and two cases were reported respectively; treatment was provided in hospitals for two cases in 1949. In one case in 1949 vision was impaired; all other cases recovered completely.

## HEALTH VISITING.

Prior to the appointed day the County Council had a health visiting service with a superintendent health visitor who was also non-medical supervisor of midwives and superintendent of nurses to the County Nursing Association. The number of health visitor/school nurses directly employed by the County Council was 14; the County Council in addition had made arrangements with 68 of the district nursing associations operating in its area for the services of 75 nurses to carry out part-time health visiting duties. Several of the latter held the health visitor's certificate as a result of training received under the County Council's scheme of grants-in-aid to Queen's Nurses who volunteered to take such training.

The autonomous welfare authorities also employed 5 whole-time health visitors (3 at Scarborough, 1 at Thornaby, one at Whitby), and the Borough of Richmond had an arrangement with the Richmond District Nursing Association for the part-time services of their nursing staff. The total equivalent of whole-time health visitors employed in the administrative county was 18; 14 of the County Council's directly employed staff had school nursing duties for approximately half their time.

The superintendent health visitor supervised the work of the whole-time and part-time health visiting staff in the welfare area of the County Council; the health visitors were charged with the duty of visiting children from the fifteenth day until their fifth birthday was reached (unless the child was in attendance at a day nursery or nursery class): in addition they attended



infant welfare and ante-natal centres, acted as child life protection visitors, made follow-up visits on children under five years of age discharged from hospital and visited notified cases of tuberculosis to investigate the social conditions and persuade the contacts of pulmonary cases to attend dispensary sessions.

The service provided from the appointed day included, *inter-alia*, the direct employment of health visitors (whole-time or part-time) to carry out a health visiting service ; health visitors working as far as possible wholly within the area of a local health sub-Committee and undertaking school nursing duties where practicable : certificated health visitors to be wholly engaged in health visiting and school nursing duties in populous areas ; for the appointment of nurses to undertake generalised duties in sparsely populated areas

There were to be 36 whole-time health visitor/school nurses and 94 nurses who would undertake health visiting as a part of their generalised duties. It was not considered economical or practicable in the North Riding to attempt to supply a health visiting service in the sparsely populated rural areas by means of nurses doing only health visiting and school nursing duties. The total health visitor equivalent was fixed at 31. The superintendent nursing officer is responsible to the county medical officer of health for the supervision of the health visiting service in addition to the home nursing and midwifery services and co-operates with the executive medical officer acting in the area of each local health sub-committee.

The provision of houses in certain areas for health visitors was contemplated (National Health Service Act, 1946, section 65) if suitable houses could not be obtained from the housing pools of the local housing authorities. Up to the time of writing this report no such provision has been made.

### **Development Plan.**

It was proposed to continue the scheme of making grants to nurse/midwives so that they could obtain the approved health visitor's certificate of the Royal Sanitary Institute ; a condition of acceptance of a grant to be a guarantee to work as a part-time or whole-time health visitor in the Riding for a specified period after obtaining the certificate.

In the event of future difficulty in filling vacancies occurring among the health visiting staff, arrangements were to be made with neighbouring authorities having schemes of training, to accept nurses for training on terms to be agreed.

In the area of each local health sub-committee the superintendent health visitor and/or her assistants were directed to co-operate with the local executive medical officer regarding the needs of the area, keeping in mind that the chief function of the health visiting service is related to education for health and that important secondary functions are social work in relation to sickness, the amelioration of the factors causing disease or disharmony and the prevention of spread of disease.

### Review of the Work carried out in the Years 1948—1950.

The following table sets out the work of the health visitors undertaken during the three years ended 31st December, 1950 :—

Classification.				*1948	1949	1950
No. of Health Visitors	..	..	..	6	6	6
No. of Health Visitor/School Nurses	..	..	..	15	15	17
No. of Generalised duty nurses (H.V., S.N., Mid. and Mat.)	..	..	..	101	81	82
No. of live births notified	..	..	..	2,835	6,289	6,015
No. of first visits	..	..	..	3,260	6,339	5,305
No. of re-visits to children under 1 year	..	..	..	13,446	22,288	22,795
No. of re-visits to children 1—2 years				23,735	53,950	61,000
„ „ „ 2—3 years						
„ „ „ 3—4 years						
„ „ „ 4—5 years						
No. of Ante-natal (first visits)	..	..	..	1,340	2,113	1,517
No. of ante-natal visits (total visits)	..	..	..	6,252	9,121	5,459
No. of other visits	..	..	..	1,067	5,277	17,398

\* From 5th July, 1948.

#### TRAINING.

During 1948, 1949 and 1950 respectively, one, six and eight nurses were awarded scholarships to enable them to sit for the health visitor's certificate. With two exceptions these candidates were successful in obtaining the certificate at the first attempt. The County Council also provided the money to enable 9 health visitors to take a post-graduate course during 1949.

#### Child Life Protection and Adoption of Children.

Infant life protection was one of the functions of the old Board of Guardians transferred to the County Council by the Local Government Act, 1929 ; later the Public Health Act, 1936, section 206 required persons who undertook for reward the nursing and maintenance of a child under the age of 9 years apart from his parents, or having no parents, to give notice thereof to the welfare authority in certain cases. The functions of infant life protection and of the adoption of children were transferred to the Children's Committee by the Children's Act, 1948.

Although most of the home visiting has since 1st April, 1949, been undertaken by a visitor employed by the Children's Committee, health visitors are often consulted regarding persons who are willing to adopt a child or to undertake duties as foster parents. It is desirable that children who are in the care of the Children's Committee should not be deprived of the normal care and supervision of the health visitor ; her basic training is that of a nurse and her professional judgement is of great value in assessing the health and needs of each child.



### HOME NURSING SERVICE.

Prior to the appointed day home nursing was carried out by the County Nursing Association and district nursing associations, both being subsidised by the County Council.

The arrangements from the appointed day provided, *inter alia*, that :

The executive responsibility for the arrangements should rest with the county medical officer and the day to day administration of the service should be carried out by the assistant county medical officers.

Home nurses to the total of 139 be directly employed ; 18 to be employed whole-time as home nurses, 27 to combined midwifery and home nursing, and 94 to be employed on generalised nursing work, giving an equivalent in whole-time home nurses for the whole county of 76.

Additional nurses for relief duty to the equivalent of 8 whole-time nurses who would be attached to headquarters and not specifically allocated to the several local health sub-committees.

Owing to the shortage of nurses it was not considered practicable to establish a night nursing service to cover the whole county but it was proposed to employ nurses in a part-time capacity, where available, for nursing special cases at night. Any relief staff not fully employed would also be available for special case work.

The home nursing service be transferred from the district associations to the county council including wherever possible, buildings, vehicles and equipment owned or rented by them ; all nurses employed by the associations to be offered employment without detriment to their remuneration in their former employment as whole-time nurses.

An arrangement with the Durham County Council for the nursing services to be carried out by them in the marginal areas of the Riding comprising the following civil parishes :—

- (a) Cotherstone and Lartington.
- (b) Wycliffe, Ovington, Barforth, Hutton Magna.
- (c) Eryholme, Over Dinsdale, Girsby.

The provision of houses in certain areas in accordance with the powers contained in the Act, the authority being of the opinion that it was desirable for a home nurse to have a house conveniently situated in relation to her district with suitable accommodation for interviewing and treating patients.

The payment of allowances on the county scale to nurses owning their own cars for mileage run in connection with their official duties and to assist nurses in the purchase of cars by making loans available.

### Progress during 1948-49-50.

The number of nurses employed whole-time on home nursing duties at the end of 1948, 1949 and 1950 were 15, 21 and 24 respectively. In addition nurses undertook combined and generalised duties in rural areas (for details see page 30).



On the 1st January, 1949, the village nurse/midwife who formerly provided nursing services in the North Riding parishes of Wycliffe, Ovington, Barforth and Hutton Magna whilst employed by the Durham County Nursing Association, was transferred to the service of the North Riding County Council and continued to practise in the above parishes.

Details of the number of persons visited and the total visits made are set out in the table below.

	1948 from 5/7/48	1949	1950
Number of persons visited .. ..	3,066	7,414	10,826
Total number of visits .. ..	69,085	175,406	188,471

## IMMUNISATION AND VACCINATION.

### Diphtheria Immunisation.

#### CHILDREN UNDER 5.

The proposals submitted and approved in 1948 by the Minister of Health for the vaccination of persons against smallpox and the immunisation of persons against diphtheria in accordance with Section 26 of the National Health Service Act, 1946, made provision, *inter-alia*, for :—

A general plan to secure that as many infants and young children as possible receive immunisation to be administered centrally by the Health Committee and organised in the medical department of the authority peripherally, the plan to be organised by the local health sub-committees. These sub-committees, subject to any general or special direction of the Health Committee and to the provisions of these proposals as approved by the Minister, to be responsible for the organisation and day-to-day administration of the plan in their respective areas.

Immunisations to be undertaken by all registered medical practitioners practising in the Riding willing to offer their services. Prior to the proposals being submitted to the Minister 130 general practitioners out of 289 approached on the matter had signified their willingness to participate either in sessional arrangements or by giving injections in their consulting rooms or at the homes of the patients.

Facilities for immunisation at all welfare centres ; these arrangements to cater for any child below school age but intended primarily for infants under the age of one year.

The planning of sessional arrangements at such clinics or other centres as would make these facilities readily accessible to persons living in any part of the area ; such sessions to be held with sufficient frequency and at such hours as will meet local requirements.

The health visitors and medical staff of the authority to be responsible for explaining the advantage of immunisation and of reinforcing doses to individual mothers or groups of parents by talks and discussions at clinics, welfare centres, women's institutes and community centres.

A special visit to be paid by the health visitor to every household where a child has reached the age of 12 months without being immunised.

Publicity material in the form of explanatory leaflets, consent forms, posters, etc., whether supplied by the Ministry or at the cost of the authority through the Central Council for Health Education to be displayed in suitable places.

Personal information and advice on diphtheria prophylaxis to be supplied on request at any health department, clinic, or health centre and by nurses, health visitors and medical officers on the staff of the authority.

#### CHILDREN OF SCHOOL AGE.

The general plan to secure that as many schoolchildren as possible are immunised against diphtheria to be carried out by the staff of the school health service, provided that any school child may be immunised by a general practitioner operating in his consulting room or in the home of the child in cases where a practitioner has agreed to offer such services.

A special visit to be made by the school nurse to the home of any child seen at the first routine inspection and found to be un-immunised or in need of a reinforcing injection

#### RECORDS AND PAYMENT OF FEES.

All medical officers or general practitioners performing immunisation under the proposals to be required to furnish such particulars in such standard form as the Ministry may recommend for use by local health authorities. Fees to be paid to practitioners performing immunisation only insofar as such practitioners comply with the requirements of the foregoing sentence and to be at the rate for the time being in force as negotiated with representatives of the medical profession and accepted by local health authorities. Local health offices to be required to keep records of immunised children in such manner as to be able to supply to the Health Committee any particulars which may be required by the Minister or the authority.

#### MEDICAL ARRANGEMENTS.

All registered medical practitioners practising in the area of the authority to be eligible to participate in the sessional and other arrangements for immunisation against diphtheria, subject to the foregoing provisions of the scheme. Whole-time medical officers of the authority and of the school health service to take part in sessional arrangements only.

### Smallpox.

#### INFANT VACCINATION.

The authority's general plan to secure that as many infants as possible are vaccinated to be administered in the manner described under "Diphtheria Immunisation" above. Vaccination to be undertaken by all registered medical practitioners practising in the Riding who are willing to offer their services. Vaccination to be performed in the home of the child or in the practitioner's consulting rooms.



Sessional arrangements to be made in the event of (i) an outbreak of smallpox in or near the Riding (ii) a large demand as a result of an outbreak of smallpox elsewhere in the country and (iii) if they are found to be required in the light of medical needs and circumstances. Personal information and advice to be supplied by health visitors, midwives, district nurses and medical officers of the authority.

#### Progress during 1948-49-50.

##### DIPHTHERIA IMMUNISATION.

Immunisation against diphtheria has since the 5th July, 1948, been carried out either by a general practitioner in the home or at his surgery, or by an assistant county medical officer or general practitioner at child welfare centres or in schools.

The table appended below gives the number of children within the age groups 0-4 years and 5-14 years who had at the 31st December, 1948 been immunised. It will be noted that 42% of the younger age group received immunisation in 1948; 47% in 1949 and 43% in 1950. The gradual development of the scheme for providing whole-time medical officers serving a group of sanitary authorities and acting as local executive officer under the County Council in relation to the services provided under Part III of the National Health Service Act is expected to improve the position in the rural areas. In one urban area the percentage of children immunised is in the neighbourhood of 90% ; in this case practically all the active immunisation is carried out by an officer jointly employed by the local health authority and local sanitary authority.

##### DIPHTHERIA IMMUNISATION.

Year	Estimated population 0-4 yrs.	No. of children immunised	Estimated population 5-14 yrs.	No. of children immunised	Total est. pop. (under 15 yrs.)	Total No. of children immunised (under 15 yrs.)
1948	30,518	12,870	50,944	25,693	81,462	38,563
1949	30,960	14,407	51,450	23,725	82,410	38,132
1950	31,478	13,642	51,950	24,901	83,428	38,543

##### VACCINATION.

Vaccination against smallpox after the 4th July, 1948 (the date on which compulsory vaccination of infants ceased) has since that date been carried out by general practitioners or assistant county medical officers. The percentage of children vaccinated under 1 year of age compared with the number of live births was 11% in 1948, 11% in 1949 and 14% in 1950.

##### VACCINATIONS.

Year	Vaccinations				Re-Vaccinations			
	Under 1 yr.	1-14 yrs.	15 yrs. & over	Total	Under 1 yr.	1-14 yrs.	15 yrs. & over	Total
1948	744	72	80	896	10	41	166	217
1949	736	454	122	1,312	1	40	269	310
1950	851	434	221	1,506	34	98	424	556



### AMBULANCE SERVICE.

The National Health Service Act, 1946, made it a duty on every local health authority to make provision for securing that ambulances and other means of transport are available where necessary for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in the area to places in or outside their area. The Act allowed local health authorities to carry out such duty either by themselves providing the necessary ambulances and other means of transport and the necessary staff therefore or by making arrangements with voluntary organisations or other persons for the provision by them of such ambulance transport and staff.

Immediately preceding the appointed day the ambulance services existing in the Riding were provided by (a) the County Council (b) certain local authorities (c) voluntary organisations (d) infectious diseases joint hospital boards or committees and (e) industrial undertakings.

The County Ambulance Service provided before 5th July, 1948, free transport up to a radius of 80 miles from the patient's home to all patients in the Riding to and from any hospital, clinic or treatment centre in cases where the County Council were legally or financially responsible for the cost of the treatment required. The service covered planned journeys throughout the whole County and to such centres as Leeds and Newcastle-upon-Tyne and consisted of one ambulance and one car stationed at the County Maternity Home, Mount Pleasant, Northallerton, staffed by one whole-time driver, and one ambulance and one sitting case car based on the Public Assistance Institution at Guisborough staffed by one driver, and one relief driver employed by the former Public Assistance Committee.

The other local authority services consisted of three ambulances operated by the Police in Scarborough Borough, two ambulances in Redcar staffed by 6 men employed whole-time and four part-time, and one ambulance garaged in a commercial garage in Easingwold, the driver and attendant being supplied by the garage proprietor. The Flaxton Rural District was served by one ambulance stationed at Haxby and staffed by three men and four women who were paid for part-time service: in the Thirsk rural district one ambulance, staffed by two men of the Thirsk rural district council's staff, was garaged at the rural district council depot.

The British Red Cross Society provided one ambulance at Guisborough, one ambulance at Malton, two ambulances at Kirbymoorside, one ambulance at Northallerton, one ambulance at Cloughton and one ambulance at Richmond. The St. John Ambulance Brigade provided a service in Eston (one ambulance) Great Ayton (one ambulance), Ormesby (one ambulance), Richmond (one ambulance), Whitby (one ambulance), Carlin How (one ambulance), Saltburn (one ambulance). Ambulances were also stationed at the following infectious disease hospitals:—

Isolation Hospital, Guisborough—1 ambulance  
 Eston U.D.C. Isolation Hospital—2 ambulances  
 Scarborough Corporation Isolation Hospital—2 ambulances  
 Whitby Isolation Hospital—1 ambulance  
 Northallerton Isolation Hospital—2 ambulances.  
 Richmond Joint Isolation Hospital—1 ambulance.

In addition five ambulances were operated by industrial undertakings and one by a voluntary ambulance service, (the Pickering ambulance committee).

#### SERVICE TO OPERATE FROM THE APPOINTED DAY.

The proposals submitted to and approved by the Minister of Health provide in the main as follows :—

- (a) the ambulance service to be administered centrally by the Health Committee and organised in the medical department of the authority.
- (b) For a short term policy whereby ambulance services are secured by a combination of methods, namely
  - (i) Agency arrangements through the British Red Cross Society and St. John Ambulance Brigade ;
  - (ii) Direct service by the Health Committee ;
  - (iii) Customer arrangements with adjoining authorities ;
  - (iv) Arrangement in conjunction with Regional Hospital Boards for the transport of patient suffering from infectious diseases.

#### (i) Agency Arrangements.

The continuance of all existing voluntary services where the obligation to provide the service had been accepted by the British Red Cross Society and the St. John Ambulance Brigade. The agreement with the voluntary organisations to provide for :—

- (a) a service covering the 24 hours of the day and every day for each of their ambulances, including the employment of a whole-time paid driver and as necessary, paid part-time attendant for each ambulance. The ambulances to be available for use in the County Ambulance Service without any limits of areas or distances.
- (b) the county medical officer or other duly authorised members of the County Council's staff to have the right to inspect vehicles, garages and personnel.
- (c) The election of two members of the county council on the voluntary organisation's management committee.
- (d) The despatch as soon as possible (or when required) of an ambulance on receipt of a call from
  - (a) any hospital in the Riding
  - (b) any registered medical practitioner
  - (c) a police officer and
  - (d) any member of the public in the case of a sudden emergency provided that any request involving a journey to a place more than 80 miles from the patient's home will not be agreed unless the journey is authorised by the County Medical Officer or medical officer of health of the district in which the patient resides.
- (h) the arrangements to operate in the first instance for a period of 12 months, each party being at liberty to put forward revised proposals shortly before the end of the first year.



- (i) Proper records to be kept in respect of mileage run by each vehicle and as soon as possible after the end of each month, the return to be sent to the County Medical Officer showing details of patients transported and mileage run on a form to be issued by the County Medical Officer

(ii) Direct Service by the Health Committee.

The Health Committee propose to administer the following existing services either directly or through the local health sub-committees :—

- (a) the County Ambulance Service as operated before the appointed day with the addition of one ambulance and one sitting case car stationed at Scarborough. The service to be controlled centrally in the County Medical Department and to deal principally with planned or long distance work.
- (b) the service operated by local authorities as described heretofore including ambulances used for infectious diseases. The authority also proposed to seek the co-operation of the Regional Hospital Boards concerned with a view to continuing the present practice of stationing ambulances at Isolation Hospitals and employing staff for the dual purpose of operating the ambulance service and working in a hospital.
- (c) The Richmond ambulance service, the voluntary organisation being said to be unwilling to continue after the appointed day.

(iii) Customer Arrangements with adjoining Authorities.

The making of arrangements with the following authorities for the transport of persons in the Riding to hospitals, clinics, etc., inside or outside the Riding, the cost to be borne by North Riding County Council on a basis to be agreed with the respective authorities.

Name of Authority	Service Required.
Middlesbrough C.B.	<p>.. (a) Emergency calls from the part of the Riding adjoining Middlesbrough when no other ambulance is immediately available.</p> <p>(b) Transport of infectious cases into hospital in Middlesbrough.</p>
Darlington C.B.	<p>.. (a) Emergency calls from that part of the Riding adjoining Darlington and in particular the Croft rural district when no other ambulance is immediately available.</p> <p>(b) Transport of infectious cases into the isolation hospital, Darlington.</p>
York C.B.	<p>.. (a) Emergency calls from that part of the Riding adjoining York when no other ambulance is immediately available.</p> <p>(b) Transport of infectious cases into the isolation hospital, York.</p>



West Riding County Council } (a) Transport of accident and emergency cases from Wath R.D. and Masham R.D.

(b) Transport of infectious cases into the isolation hospitals in the West Riding.

Durham County Council (a) Transport of accident and emergency cases from Thornaby Borough and Startforth Rural District.

(b) Transport of infectious cases into isolation hospitals in the county of Durham.

#### (iv) Arrangements for Transport of Infectious Cases.

In order to overcome the difficulties of running a unified ambulance service in a rural county in which ambulances are normally stationed singly and not in groups, leading to potential delay in answering calls when an ambulance is being disinfected, the authority proposed to continue separate arrangements for infectious cases and accordingly to seek (a) to continue existing arrangements and (b) to make customer arrangements with adjoining authorities as described earlier in this report. Services operated by industrial concerns would remain outside the health authority's service.

#### Progress during 1948-49-50.

##### ESTABLISHMENT OF COUNTY STATIONS.

On the 5th July, 1948, the municipal ambulance services of Redcar and Scarborough were taken over by the County Council and their bases were classified as "depots." At the end of 1950 each depot was staffed by a station officer and 18 driver/attendants and were allocated a vehicle strength of 4 ambulance and 4 dual-purpose vehicles. The service at Scarborough moved in August, 1948, from the Fire Station to premises adjacent to the St. Mary's Hospital in Dean Road, with the co-operation of the Leeds Regional Hospital Board.

County ambulance stations were established at Haxby, Malton and Thirsk in February, May and June, 1950, respectively, each with an authorised complement of 1 foreman-driver, 6 driver/attendants and by an appropriate number of vehicles.

These stations replaced the agency services previously operated by private garages at Easingwold and Malton, and by the Thirsk R.D.C.

The County Station at Northallerton, which hitherto had been staffed by one driver employed whole-time, was up-graded to a fully manned station staffed as in the case of the other stations mentioned above. The British Red Cross Agency service was terminated when the county station staff was increased and able to deal with a greater volume of journeys.

##### VEHICLES.

The total establishment of the County Service originally was 45 ambulances and 12 sitting-case cars. As experience was gained it was found that a large percentage of patients carried were ambulant cases who could conveniently be carried in a car or light vehicle; it was also noticed that the

traditional motor car was not always suitable for ambulant cases because of the lack of leg room, which is essential when carrying a patient whose leg is encased in plaster. It was eventually decided to use a dual purpose vehicle modified for local requirements ; this provides adequate room for a sitting patient and is economical to run. The Minister of Health on the 2nd May, 1950, amended the establishment on application to 30 ambulances 40 dual-purpose vehicles and 90 to 120 whole-time drivers and attendants or their equivalent in part-time staff, in addition to the services of volunteers and the part-time services of hospital employees.

#### PURCHASE OF NEW VEHICLES.

In 1949 the County Council purchased five new ambulances ; a further twelve ambulances and twenty dual purpose vehicles were bought and delivered in 1950. Older vehicles were sold by tender as and when conditions permitted.

#### STAFF.

It has not yet been necessary, owing to the continued use of voluntary agencies, to recruit up to the establishment of staff given above. The number of personnel employed directly by the County Council on the 31st December each year was 28 men in 1948, 40 men in 1949 and 64 men in 1950. A table at the end of this section gives the relevant details regarding the aggregate mileage of vehicles in the service during the period under review.

#### AGENCY SERVICES.

On the 31st December, 1950, a service was still being provided from Saltburn, Carlin How, Eston, Great Ayton, Whitby, and Richmond by the St. John Ambulance Brigade and part of the Ryedale (No. 6) area was covered for the County Council by the Ryedale Ambulance Committee.

#### OTHER AUTHORITIES SERVICES.

Arrangements are in force whereby the Durham County Council undertakes for the North Riding County Council the removal of people requiring ambulance transport from adjoining parts of this County, particularly from the Borough of Thornaby. For convenience the Darlington County Borough Ambulance Service provides transport when necessary for persons residing in the Croft Rural District and occasionally from other adjacent parts of the Riding. Similarly the West Riding of Yorkshire service undertakes the conveyance of patients from the Wath and Melmerby districts of the North Riding by means of their agency service at Ripon. Arrangements also exist for an amount of mutual assistance between the services of the City of York and the North Riding County Council.

The National Health Service (Amendment) Act, 1949, allows local health authorities for the area in which a hospital is situate to make a charge for returning a patient home from such a hospital if discharge is effected within 3 months ; the former authority has the right by reason of Section 27 of the main act to provide ambulance transport for a discharge of this type if required irrespective of whether discharge is within or outside 3 months after admission. The Act inflicts a heavy financial burden on many county authorities whose residents are dependant for hospital treatment in hospitals



situate in County Boroughs either within or adjacent to the periphery of the county area. Parliament appeared to hold that it was unfair to expect a county borough to provide transport for all hospital discharges (where use of an ambulance is necessary) irrespective of the length of stay in hospital; if the former position had continued it would have tended to equalize the expenditure on the ambulance service of county boroughs and counties since the conveyance of persons to "out-patient" clinics is much more expensive for the latter than for the former because of the greater length of the journeys undertaken.

#### VOLUME OF WORK.

The number of patients carried and the mileage involved has steadily increased since the appointed day, despite efforts to minimise abuse of the service. The work done since the 5th July, 1948, is set out in the table below :

Period	Category	County vehicles	Agency vehicles	Other authorities vehicles	Hospital Car Service	Total
1948	Patients carried ..					7,671
(from 5 July)	Mileage ..	Details not available.				189,380
1949	Patients carried ..	15 826	9,923	1,857	3,062	30,668
	Mileage ..	319 587	201,188	23,398	146,043	690,216
1950	Patients carried ..	26,890	15,340	3,325	4,042	49,597
	Mileage ..	512,541	250 895	47,064	172,683	983,183

### PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

#### Tuberculosis.

The County Council's scheme before the appointed day was under my general direction with two clinical tuberculosis officers who were responsible for the preventive, diagnostic and therapeutic work in their respective areas of the Riding. On the appointed day the clinical work became the responsibility of the Regional Hospital Boards and the authority therefore approached the Boards for the part-time services of the tuberculosis officers for such functions in relation to prevention of disease and care of the tuberculous family as required specialist medical attention.

The County Council's proposals approved by the Minister made provision *inter alia* that :—

#### Prevention.

##### (a) HEALTH EDUCATION.

All families in which a clinical case of tuberculosis had occurred would be visited by a health visitor who would give advice on personal and environmental hygiene as well as instructing the members of the household on the nature of tuberculosis and how it could be prevented. This personal approach to be supplemented by the pamphlets and other publicity materials issued by the National Association for the Prevention of Tuberculosis.



Group instruction be given by using film shows, lectures and talks given either by members of the staff of the authority or by arrangements with the Central Council for Health Education.

(b) HOUSING.

The co-operation existing before the appointed day with local sanitary authorities in granting on the recommendation of the Tuberculosis Officer a high priority for re-housing tuberculous families in new estates be encouraged.

**Care and After-Care.**

(a) CARE COMMITTEE.

In order to encourage the formation of a care committee or committees in each of the 9 local health sub-committee areas (the Scarborough area having had a flourishing care committee since 1944) the Health Committee would make an initial grant of £50 on establishment and an annual grant at the rate of £10 per one thousand population or alternatively £1 per family in which a notified case of tuberculosis existed on the 1st January of each year whichever was the greater sum.

The payment of grants to care committees be made subject to affiliation being obtained with the National Association for the Prevention of Tuberculosis and to the condition that monetary grants should not be made to sick persons except out of funds subscribed voluntarily by the public for the committee's work.

(b) BEDS, BEDDING, NURSING REQUISITES.

Beds, bedding and clothing to be provided by the authority free of cost on conditions to be arranged by the Health Committee, to patients who need them and who cannot otherwise obtain them, in order to prevent the spread of infection and to obtain proper benefit from domiciliary treatment.

Sputum mugs, sputum flasks and suitable disinfecting fluids be supplied free of cost by the authority in approved cases.

All applications under Section 28 of the National Health Service Act 1946 to be subject to approval by a medical officer of the authority.

(c) OCCUPATIONAL THERAPY.

Arrangements be sought with the Regional Hospital Boards for the part-time services of their occupational therapists where required for the instruction of patients undergoing domiciliary treatment.

Materials and equipment for occupational therapy and pastime occupations normally to be provided through a care committee or other voluntary organisation but failing this source, to be provided by the authority on terms to be arranged.

(d) SHELTERS.

The local health authority to provide and erect revolving shelters for the use of patients suffering from tuberculosis when circumstances are suitable and an appropriate recommendation is received.

(e) WORKSHOP SETTLEMENTS.

The authority to co-operate fully with the Ministry of Labour in the training and placement of tuberculous persons in employment suited to their ability and capacity but not to establish workshops or hostels for this purpose.

(f) NIGHT SANATORIA.

It was not considered that the conditions in any part of the administrative county would justify the provision of night sanatoria.

**Mental Illness or Defectiveness.**

The proposals of the authority under Section 51 of the Act included arrangements for the care and after-care of persons suffering from mental illness or defectiveness.

The arrangements to be organised by the Mental Health Services Sub-Committee of the Health Committee and the executive work to be done by the social workers and authorised officers on the staff of the county medical department. These officers to be responsible for explaining to the family the nature of the patient's condition in relation to the law, for obtaining treatment suitable to the illness and for invoking the help of voluntary agencies, employers and employment exchanges in furthering the welfare of the patient and family.

The authority proposed to establish occupation centres for defectives in the Cleveland and Scarborough areas.

**Other Types of Illness (or Illness Generally).**

Patients to be discharged from hospital or under domiciliary medical treatment and in need of care or after-care to be reported to the assistant county medical officer. The health visitor or home nurse to visit and advise or help the patient to obtain the service(s) required.

Care arrangements to be administered by the local health sub-committee except where a care committee had been established to deal with the problem of tuberculosis and had agreed to take over this work in addition. In such a case the care committee would be known as the voluntary care committee and would exercise the following functions :—

- (a) the disbursement of funds (placed at their disposal from any source) in the interests of sick persons in their area provided that no monetary payments (other than remuneration for work performed) be made out of monies derived from the authority.
- (b) the making of representations and recommendations to the local health sub-committee on matters effecting the welfare of patients.

It was proposed that voluntary care committees should be established in such manner as decided by the local health sub-committee : provided that until otherwise decided by the Health Committee, at least 3/5ths of the membership of such care committees should consist of representatives of bodies which had hitherto carried out voluntary health services in the areas or part thereof of a kind similar to those set out in Part III of the National Health Service Act, 1946.



The scope of the facilities afforded under this part to be broadly the same as for the tuberculous family as already described where similar considerations were applicable.

The arrangements concerning care and after-care of persons other than those suffering from tuberculosis to be such as would not fall to be made by the Council within the scope of the provisions of Part III of the National Assistance Act.

Insofar as the authority was concerned arrangements for the follow up of persons under treatment for, or known or believed to be suffering from, venereal disease, would be made in co-operation with the medical officers of the V.D. Treatment Centres of the Regional Hospital Boards.

In consequence with its arrangements under Section 28 the authority to seek to develop health education generally in its area by an appropriate means.

#### **Provision of Nursing Equipment and Apparatus.**

Each local health sub-committee be supplied with a quantity of each of the following items according to the demand and would arrange for their storage and distribution either to the midwives and nurses operating within the area or direct to patients on the requisition of a nurse or doctor. Articles to be available for free loan as above to include the following :—

Water beds	Crutches	Bed Cradles	Bed pans
Sandbags	Mackintosh Sheeting	Wheel chairs	Sputum mugs
Urinals	Steam kettles	Air rings	Special types
Douche Cans	Commodes	Feeding cups	of bed
Bed blocks	Inhalers	Bed rests	

The services provided under this paragraph to be arranged in conjunction with voluntary organisations operating similar services.

Transport to be arranged where the nurse or patient was unable to effect delivery by using the ambulance service or commercial carriers.

#### **Progress during 1948-49-50.**

##### **CONVALESCENT HOME ACCOMMODATION.**

It was ascertained in mid-1948 that the provision of convalescent home accommodation was not the responsibility of the Regional Hospital Boards except in cases where medical or nursing care was required and that the function of local health authorities (subject to the approval of the Minister of Health) was limited to provision and not treatment for those needing "rest." The Health Committee of this Council subsequently submitted to the Minister an amendment to the Council's proposals under Section 28 so as to provide accommodation where necessary; the amendment which was approved by the Minister on the 29th March, 1949, reads as follows :—

"The local health authority will take all necessary steps to provide for the prevention of illness and the care and after-care of persons in the Riding suffering from illness generally, such provision to include arrangements for affording accommodation in rest homes, convalescent homes and the like either directly or by agreement with other persons."



Following receipt of the Minister's approval, arrangements were made with voluntary organisations to send persons on a user basis to convalescent homes at Southport, Hunstanton, St. Annes and Ilkley as and when necessary, subject to vacancies being available. Applicants are assessed as to their ability to contribute towards the cost of the accommodation and are also provided with travel vouchers if required. Although the number of persons who availed themselves of this service has been small, the demand appears to be increasing gradually. In 1949 convalescent home accommodation was arranged for 6 adults and 1 child, the corresponding figures for 1950 being 11 adults and 7 children.

#### CARE COMMITTEES.

Care Committees are established in 8 out of the 10 local health areas although 1 has not yet commenced to function ; in 7 cases the Committee has agreed to be responsible for care arrangements for all types of illness. In the remaining areas the care arrangements are dealt with by the local health sub-committees. The services set up under this section include the provision of nursing equipment and apparatus on free loan to patients in need and (in the case of tuberculous persons) beds, bedding and clothing.

The initial grant made by the County Council to care committees is described below ; thereafter the policy has been to reimburse expenditure less income derived from other sources. I am indebted to the County Treasurer for the financial details :—

1948/49

Care Committee	Amount of Original Grant			Gross Expenditure			Income			Net expend. reimbursed by County Council		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Eston ..	381	0	0	43	5	3				43	5	3
Redcar ..	394	0	0	1	11	0				1	11	0
Guisborough ..	339	0	0	6	19	4				6	19	4
Whitby ..	287	0	0	6	0	11				6	0	11
Bulmer ..	506	0	0	13	5	0				13	5	0
Wensleydale ..	391	0	0									
Scarborough ..				230	2	5				230	2	5
	2,298	0	0	301	3	11				301	3	11

1949/50

Care Committee	Gross Expenditure	Income	Net expend. reimbursed by County Council
	£ s. d.	£ s. d.	£ s. d.
Eston ..	153 19 10		153 19 10
Redcar ..	29 4 11		29 4 11
Guisborough ..	19 18 11		19 18 11
Whitby ..	14 17 2	48 8 7	33 11 5 (CR)
Bulmer ..	38 19 9		38 19 9
Wensleydale ..	4 10 6	6 17 7	2 7 1 (CR)
Scarborough ..	553 3 9	34 4 2	518 19 7
	814 14 10	89 10 4	725 4 6

CR—Credit.

1950/51

Care Committee	Gross Expenditure	Income	Net expend. reimbursed by County Council
	£ s. d.	£ s. d.	£ s. d.
Eston ..	225 5 1	36 19 10	188 5 3
Redcar ..	49 12 4	3 15 4	45 17 0
Guisborough ..	37 8 8		37 8 8
Whitby ..	53 14 6	12 19 0	40 15 6
Bulmer ..	31 16 8		31 16 8
Wensleydale ..	24 3 3	7 19 2	16 4 1
Scarborough ..	492 8 5		492 8 5
	914 8 11	61 13 4	852 15 7

## TUBERCULOUS PERSONS.

In addition to the services provided by the care committees or the local health sub-committees acting as care committees, the health committee makes available open air revolving shelters where necessary and free milk to patients on the recommendation of a chest physician.

## B.C.G. VACCINATION.

The Minister of Health on the 25th October, 1949, approved the Health Committee's proposal to offer B.C.G. vaccination to certain persons who are exposed to special danger of developing tuberculosis.

Tuberculous infection is acquired naturally from two sources, namely, from infected milk and from infectious human sufferers ; the distribution of tubercle bacillus in this country is so widespread that the majority of people have been infected at some time or other by the time they reach adult life.

The body has a natural resistance to infection and it is only when this resistance is lowered by malnutrition or overcome by large or repeated doses of the organism that progressive disease supervenes. In most cases a "primary" lesion develops and heals, while the tissues of the body become hypersensitive or allergic to the products of the bacilli so that a greater resistance is shown to any further infection.

The fact that a healed primary lesion confers some protection has led to the use of bacilli of bovine origin, attenuated in virulence by repeated subculture in the laboratory over a period of years, for producing a controlled primary lesion and so increasing the resistance of the body. This method avoids the dangers associated with naturally acquired infection where the dose is unknown and the results unpredictable. This vaccine is known as *Bacillus Calmette-Guerin* (B.C.G. for short).

It was not possible to commence this service in the County until 1950; 18 people were vaccinated with B.C.G. during that year. It is expected that the number so vaccinated in 1951 will be much greater. In this Riding B.C.G. vaccination is carried out by chest physicians employed jointly by the Regional Hospital Boards and the local health authority.

### **Protection of Children from Tuberculosis.**

The Minister of Health in a circular dated 3rd July, 1950, commended to local health authorities the following recommendations made by the Joint Tuberculous Council for the purpose of protecting organised groups of children against the risk of infection by adults suffering from tuberculosis.

(1) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested. A candidate for such employment should, therefore, not be engaged without a medical examination, including an x-ray examination of the chest.

(2) Persons whose employment brings them into close contact with groups of children should have an x-ray examination of the chest annually.

(3) If a person while thus employed is found to be suffering from respiratory tuberculosis such employment should at once cease, and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained,—both certificates being based on x-ray and bacteriological, as well as clinical, investigation. After resumption of employment similar investigations should be carried out at three monthly intervals for the first year and at six monthly intervals for the next two years.

(4) If an unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should be undertaken.



The cost of carrying out x-ray examinations, except through the mass miniature radiography scheme falls upon the local health authority and is grant earning as expenditure under Section 28 of the National Health Service Act, 1946.

This circular applies generally to staff employed in day nurseries but later the recommendations were extended by the Home Office to staff of children's homes and hostels (provided under the Children Act, 1948) and to remand homes and approved schools.

#### HEALTH EDUCATION.

Advice on personal and environmental hygiene is given by health visitors employed in the County Council's Service to mothers with children under school age and to families in which a clinical case of tuberculosis has occurred; generally the advice is welcomed and accepted. Advice is also given at infant welfare centres, ante-natal and post-natal clinics both orally and by means of pamphlets. Chest physicians, too, are expected to cover the problem of prevention of infection in their discussions with their patient and relatives and to remind practitioners of this aspect of tuberculosis work.

Most housing authorities have given a high degree of priority for re-housing to families where there is a sufferer from tuberculosis.

#### PROVISION OF NURSING EQUIPMENT AND APPARATUS.

In addition to the nursing equipment and apparatus lent to patients by care committees, patients have been able to obtain, either through the Health Committee or through the area local health sub-committees, larger and more costly articles such as invalid chairs and spinal carriages, when such equipment has been necessary for recovery. Permanent disability entitles the patient to claim the necessary items from the Ministry of Pensions.

#### DOMESTIC HELP SERVICE.

The County Council inaugurated a home help scheme in 1938 to provide domestic help for women in their domiciliary confinements: this service was also available in special cases during the ante-natal period. During the war the service was extended to the provision of "domestic help" in pursuance of Defence Regulations and the County Council at that time delegated its functions to those district councils who were willing to attempt the administration of the scheme within their own area. Neither centralised or district schemes met with any degree of success, possibly because neither the County Council nor the district councils were willing to engage home helps or domestic helps on a whole-time basis in view of the geographical difficulties of a county which is for the most part sparsely populated. This service continued until the appointed day when it was re-organised in accordance with the County Council's proposals.

The County Council's proposals to provide a domestic help service as from the appointed day in accordance with section 29 of the National Health Service Act, 1946, included *inter-alia* :—

The employment of 70 persons in a whole-time or part-time capacity for the purpose of providing domestic help for those in need. Priority to be

given (i) to women having a domiciliary confinement; (ii) to persons requiring help because of sickness or pregnancy of the housewife or her absence in hospital; (iii) to other cases of acute illness particularly of children, where there is a number of healthy children to be cared for, and thereafter (iv) to aged persons or chronic sick persons who are unable to obtain admission to hospital. The other categories as defined by the Section of the Act are then considered.

The recruitment of suitable persons to the domestic help service by health visitors, midwives and other nursing staff for households known to them where domestic help is required.

The recovery of the whole or part of the cost of providing the service from the person receiving domestic help according to a scale of assessment.

The provision of overalls or aprons for indoor wear and of outdoor uniform if considered necessary.

#### **Progress during 1948, 1949 and 1950.**

It will be noticed from the Table below that the demand for domestic help has increased substantially since 1948; in the main requests are from people residing in urban areas. The establishment of the service at the end of 1950 remained at 35 whole-time employees in superannuable positions and the equivalent of another 35 in part-time personnel. It has not been difficult to obtain whole-time domestic helps but the recruitment of suitable persons for part-time work has not been easy because of the intermittent nature of the employment. The service has, speaking generally, been able to cope with the demand, particularly from those in the more important priority classes.

Area		Domestic Helps			Recipients of Domestic Help	
		Employed or registered at end of year		Hours worked	No. who received help	No. who paid standard charge
		Whole-time	Part-time			
Thornaby	1948	4	—	683	10	2
	1949	3	1	7282	47	6
	1950	2	2	5593	45	6
Eston	1948	3	1	683	10	2
	1949	3	5	7282	47	6
	1950	5	5	10575	50	4
Redcar	1948	6	3	1100	14	4
	1949	5	—	8223	81	18
	1950	5	1	6674	71	13
Guisborough	1948	1	3	1131	10	—
	1949	5	—	7124	53	5
	1950	5	1	6344	62	2
Whitby	1948	1	2	1462	12	1
	1949	2	2	6320	42	10
	1950	1	3	6050	38	5
Ryedale	1948	—	2	140	1	—
	1949	—	9	2507	11	3
	1950	—	13	2571	24	4
Bulmer	1948	—	4	188	3	—
	1949	—	8	4258	40	1
	1950	—	10	5589	49	5
Wensleydale	1948	—	4	264	1	—
	1949	—	6	1811	13	1
	1950	—	7	4119	16	—
Richmond	1948	—	1	192	5	—
	1949	—	7	5167	31	3
	1950	—	6	7378	31	3
Scarborough	1948	4	—	230	9	3
	1949	5	1	7626	78	21
	1950	5	—	8210	75	16



### MENTAL HEALTH SERVICE OF THE AUTHORITY.

Before the appointed day under the National Health Service Act, 1946, the North Riding Committee for the Care of the Mentally Defective carried out the functions of the County Council under the Mental Deficiency Acts 1913-38; these functions included the control of Claypenny Colony at Easingwold, as well as the supervision of defectives in the community. The non-institutional staff of that Committee consisted of a part-time clerk with an office in York and one whole-time mental health worker, who also acted as petitioning officer and executive officer to the Committee.

The position on 31st December, 1947, was set out in my Annual Report for that year, but the main facts are given below :—

Defectives in Institutions on 31st December, 1947.						Total.
Under 16 years of age	..	31 males	24 females	..	55	
Over 16 do	..	134 males	136 females	..	270	
						—
						325
						—
On Licence from Institutions.						Total.
Under 16 years of age	..	1 male	3 females	..	4	
Over 16 do	..	8 males	25 females	..	33	
						—
						37
						—
In State Institutions (not included in the above figures).						Total.
		17 males	2 females	..	19	
						—
Under Guardianship.						Total.
		5 males	7 females	..	12	
						—

On the “appointed day” 5th July, 1948, the County Council handed over the land, buildings, staff and inmates of Claypenny Colony to the Leeds Regional Hospital Board. In due course the latter body duly constituted the York “B” Group Hospital Management Committee; this latter committee controls the day to day management of Claypenny Colony, Clifton Hospital (formerly the North Riding Mental Hospital) and the Whixley Colony, situated some few miles west of York in the West Riding. The house committees of these hospitals control, within the limits of the appropriate statutes, the admission, discharge, probation and release on licence of patients in place of the former committees of the owning authorities.

The Health Committee, after consulting members and officers of the 10 local health sub-committees constituted under the administrative scheme of the County Council, decided to set up a standing sub-committee consisting of members with previous experience of mental hospital or colony work, and with power to co-opt a limited number of non-elected persons. To this sub-committee are delegated the powers of the County Council in relation to Lunacy and Mental Treatment Acts and the Mental Deficiency Acts, (excepting the power to levy a rate or to purchase or sell property) and certain functions under the National Health Service Act, 1946, Section 28. The

Health Committee decided that this sub-committee should not delegate any of its functions to voluntary associations, but should attempt to secure the staff necessary for its work, and employ them directly. The sub-committee meets at least once a quarter ; more frequently if required.

Unfortunately, the nation-wide shortage of psychiatric social workers and other workers, has led the sub-committee to have the establishment of such staff altered by the County Council, and a scheme of training mental health workers has been started. The services of Miss M. M. Davies, formerly the executive officer, have been retained on a part-time basis (notwithstanding her retirement on superannuation), so that the assistance of an experienced worker in presenting petitions, and in training those who have been accepted as trainees under the sub-committee's scheme, is available. Salary is paid to such women on the "General Division" scale during training, subject to acceptance of an agreement to remain with the Authority for a minimum time thereafter.

At the end of 1949, the staff directly employed by the Local Health Authority, on mental health work was

- (a) 9 male officers (experienced relieving officers prior to 5th July, 1948) duly authorised by resolution to take action under the Lunacy Acts.
- (b) 2 female mental health workers, both authorised to present petitions under the Mental Deficiency Acts.

During 1950, further staff was appointed as follows :—

- (a) 1 female mental health worker, not authorised to present petitions under the Mental Deficiency Acts.
- (b) 2 female trainee mental health workers.

All the above staff were in the County Council's Service on 31st December, 1950.

The County Medical Officer and his staff have also been considerably assisted by officers of the Leeds and Newcastle Regional Hospital Boards, and in particular by psychiatric consultants employed by these Boards at York and Middlesbrough. Latterly the Medical Superintendent of a mental deficiency colony in County Durham has also been rendering valuable assistance. An assistant physician at York continued to give not more than four sessions per week as before the appointed day, to child guidance work in the southern and eastern parts of the Riding, but the difficulty of securing psychologists and trained social workers has prevented the establishment of a first class clinic service. Many cases have been referred to this psychiatrist, however, for opinion regarding juvenile psychosis, maladjustment and borderline cases of mental deficiency ; her services have also been available on request, by magistrates.

In accordance with terms of Circular 100/47 officers of the governing bodies of St. Luke's Hospital, Middlesbrough and Clifton Hospital, York have supervised the after-care of their patients ; the after care of mental



patients discharged from the ranks of His Majesty's Services were, during 1948 and 1949, supervised by officers of the National Association for Mental Health, under the Ministry of Health's arrangements with that body. The supervision of defectives on licence from Claypenny Colony, defectives under guardianship, and the remaining persons known to be mentally defective in the Riding, was carried out by officers of the Mental Health Services Sub-Committee.

#### WORK UNDERTAKEN IN THE COMMUNITY.

	1948	1949	1950
<b>Mental Treatment.</b>	—	—	—
(a) Visits made by National Association for Mental Health Workers .. .. .	318	284	Nil
(b) Visits made by duly authorised officers under the Lunacy and Mental Treatment Acts .. .. .	472	485	558
Patients escorted to hospital			
(i) Voluntary .. .. .	111	52	49
(ii) Certified .. .. .	89	119	108
(iii) Temporary .. .. .	1	8	13
(iv) Section 20 cases .. .. .	—	13	65
(v) Urgency orders .. .. .	—	6	5

#### Mental Deficiency.

	1948		1949		1950	
	M	F	M	F	M	F
(a) Number of defectives notified to the local health authority						
(i) Under section 57 (3) Education Act, 1944 .. .. .	12	13	6	6	8	6
(ii) Under section 57 (5) Education Act, 1944 .. .. .	2	4	5	5	4	10
(iii) Other sources, subject to be dealt with .. .. .	7	7	5	6	7	15
TOTALS .. .. .	21	24	16	17	19	31
(b) Disposal of cases reported during the year						
(i) Admitted to institutions .. .. .	6	3	—	3	2	2
(ii) Placed under guardianship .. .. .	—	1	—	—	—	—
(iii) Taken to "places of safety" .. .. .	—	—	—	—	—	1
(iv) Placed under statutory supervision .. .. .	15	20	13	8	15	22
(v) Action not yet taken .. .. .	—	—	3	6	2	6
	21	24	16	17	19	31



		1948		1949		1950	
		M	F	M	F	M	F
(c)	Number of defectives who are subject to be dealt with on register at end of year						
(i)	In institutions (including those on licence therefrom) .. .. .	186	203	208	204	208	211
(ii)	Under guardianship .. .. .	6	10	6	9	5	4
(iii)	In " places of safety " .. .. .	—	—	—	—	—	1
(iv)	Under statutory supervision .. .. .	115	88	123	97	116	107
(v)	Action not yet taken .. .. .	—	—	3	6	2	6
		307	301	340	316	331	329
(d)	Number of defectives awaiting institutional care on 31st December ..	15	14	14	16	15	21
(e)	Number of defectives who are not subject to be dealt with, but over whom some voluntary supervision is maintained .. .. .	190	161	190	162	115	83
(f)	Number of defectives receiving day training .. .. .	—	—	1	1	2	3
(g)	Number of visits made by mental health workers .. .. .	828		1185		1507	

### PUBLIC HEALTH ACT. 1936 (NURSING HOMES).

The number of nursing homes registered at the end of 1948, 1949 and 1950 were 18, 14 and 14 respectively as compared with 17 in 1947. Premises which are the subject of an application for registration are inspected and reported upon by a medical officer ; after registration, nursing homes are supervised and inspected by officers of the medical department.

There was one new registration in 1948 and a further new registration in 1950 ; the number of certificates of registration surrendered voluntarily owing to the discontinuance of the use of the premises for the purposes of a nursing home was 2 in 1948, 1 in 1949 and 2 in 1950.

**TUBERCULOSIS.****New Cases.**

The number of notifications of all forms of tuberculosis in 1948, 1949 and 1950 was respectively 331, 280 and 267 as compared with 262 in 1947.

Table I shows the number of new notifications during the last ten years :

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
1941	194	129	65
1942	238	154	84
1943	275	167	108
1944	318	210	108
1945	260	164	96
1946	256	173	83
1947	262	200	62
1948	331	243	88
1949	280	213	67
1950	267	224	43

Table II shows the number of primary notifications of new cases of tuberculosis in age and sex groupings and Table III the age and sex distribution of new cases notified and deaths during the year.

TABLE II.  
Formal Notification.

Age-Periods.	Number of Primary Notifications of new cases of tuberculosis.											Total (all ages).
	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	
1948.												
Pulmonary—												
Males ..	—	4	3	2	13	11	30	23	26	12	2	126
Females ..	—	2	3	3	16	32	27	21	10	2	1	117
Non-Pulmonary—												
Males ..	—	3	4	11	1	2	3	7	4	—	1	36
Females ..	1	6	9	7	11	4	8	3	1	2	—	52
1949.												
Pulmonary—												
Males ..	—	2	3	—	8	11	28	25	15	14	4	110
Females ..	—	6	3	2	10	18	32	10	14	5	3	103
Non-Pulmonary—												
Males ..	—	6	9	8	1	3	2	1	—	2	—	32
Females ..	—	6	4	15	4	3	1	—	1	—	1	35
1950.												
Pulmonary												
Males ..	1	2	5	3	4	11	26	24	30	12	1	119
Females ..	—	4	5	7	17	13	26	21	5	5	2	105
Non-Pulmonary—												
Males ..	—	3	10	4	—	1	3	1	—	—	—	22
Females ..	2	1	10	4	—	3	1	—	—	—	—	21

TABLE III.

Age Periods		NEW CASES NOTIFIED.				DEATHS.			
		Pulmonary.		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M.	F.	M.	F.	M.	F.	M.	F.
1948	0-	—	—	—	1	—	—	1	1
	1-	4	2	3	6	1	—	—	4
	5-	5	6	15	16	—	—	4	1
	15-	77	96	13	26	40	39	3	5
	45-	38	12	4	3	26	9	4	1
	65-	2	1	1	—	7	2	1	—
1949.	0-	—	—	—	—	—	—	2	—
	1-	2	6	6	6	—	—	1	2
	5-	3	5	17	19	—	—	1	5
	15-	72	70	7	8	32	41	3	4
	45-	29	19	2	1	31	11	—	2
	65-	4	3	—	1	8	4	—	—
1950.	0-	1	—	—	2	—	—	1	1
	1-	2	4	3	1	—	1	2	—
	5-	8	12	14	14	—	—	—	1
	15-	65	77	5	4	30	29	2	—
	45-	42	10	—	—	30	6	1	2
	65-	1	2	—	—	6	2	—	3

In Table IV the distribution of new cases by districts with comparative figures for the three preceding years is given.



TABLE IV.

District.	1945		1946		1947		1948		1949		1950	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
URBAN DISTRICTS.												
1. Eston .. ..	17	12	22	5	26	7	52	4	45	10	31	2
2. Guisborough ..	4	2	2	1	3	2	3	3	3	2	4	3
3. Loftus .. ..	1	3	3	9	6	5	3	1	4	10	7	3
4. Malton .. ..	—	—	3	3	1	1	1	—	2	—	—	—
5. Northallerton ..	2	—	1	2	—	1	—	—	3	—	—	—
6. Pickering ..	3	—	1	2	2	1	3	—	2	1	—	—
7. Redcar .. ..	13	6	21	6	14	—	24	2	14	4	21	1
8. Richmond ..	—	—	3	1	2	—	—	—	1	3	2	—
9. Saltburn ..	7	—	8	3	7	—	4	—	7	—	9	2
10. Scalby .. ..	—	—	1	1	6	2	2	1	4	—	4	1
11. Scarborough ..	26	11	22	8	43	4	29	9	29	2	25	—
12. Skelton & Brotton	6	12	3	6	10	2	6	—	8	5	14	3
13. Thornaby-on-Tees	18	10	13	4	14	4	26	3	22	3	30	4
14. Whitby ..	7	4	8	3	4	2	6	11	2	4	1	6
Total Urban ..	104	60	111	54	138	31	159	34	146	44	148	25
RURAL DISTRICTS.												
1. Aysgarth ..	2	—	2	2	1	—	2	—	3	—	—	—
2. Bedale .. ..	2	—	—	2	2	1	3	5	2	—	2	—
3. Croft .. ..	—	—	1	—	—	1	—	2	—	—	—	—
4. Easingwold ..	4	2	3	—	1	2	6	8	3	—	14	1
5. Flaxton ..	18	7	17	7	18	4	22	12	9	9	11	2
6. Helmsley ..	1	—	4	1	4	—	5	2	2	—	3	1
7. Kirbymoorside ..	3	3	3	1	1	3	—	3	1	1	2	—
8. Leyburn ..	3	1	4	1	4	3	4	1	4	2	1	1
9. Malton .. ..	1	—	—	—	1	1	3	—	—	—	1	1
10. Masham ..	—	—	—	—	—	—	1	—	—	—	—	—
11. Northallerton ..	1	2	2	2	2	1	2	1	7	2	—	—
12. Pickering ..	1	1	—	1	3	2	2	2	—	—	1	—
13. Reeth .. ..	3	3	—	—	—	—	—	1	2	—	1	1
14. Richmond ..	—	—	5	—	2	—	10	1	10	3	12	1
15. Scarborough ..	1	—	4	1	3	2	4	2	4	—	4	—
16. Startforth ..	—	1	—	—	5	—	2	1	—	—	1	1
17. Stokesley ..	10	4	7	1	6	3	11	4	10	2	11	3
18. Thirsk .. ..	5	4	7	4	6	3	2	7	4	1	5	2
19. Wath .. ..	—	1	—	1	1	—	—	—	—	—	1	—
20. Whitby ..	5	7	3	5	2	5	5	2	6	3	6	4
Total Rural ..	60	36	62	29	62	31	84	54	67	23	76	18
Administrative County	164	96	173	83	200	62	243	88	213	67	224	43

### Deaths and Death Rates.

There were 149, 147 and 117 deaths due to tuberculosis in 1948, 1949 and 1950 respectively as compared with 131 in 1947 and 180 in 1946.

Table V which follows shows the mortality from pulmonary and non-pulmonary tuberculosis over the last six years and gives the corresponding figures for England and Wales.

TABLE V.

#### Deaths from Pulmonary Tuberculosis.

			1945	1946	1947	1948	1949	1950
No. of deaths	..	..	138	132	108	124	127	104
Rate per 1,000 population	..	..	0.44	0.40	0.32	0.35	0.36	0.28

#### Deaths from Non-Pulmonary Tuberculosis.

			1945	1946	1947	1948	1949	1950
No. of deaths	..	..	47	48	23	25	20	13
Rate per 1,000 population	..	..	0.15	0.14	0.07	0.07	0.06	0.03

The death rates in England and Wales were :—

Pulmonary Tuberculosis	..	.519	.464	.470	.440	.403	.321
Non-Pulmonary Tuberculosis	..	.100	.083	.079	.067	.054	.043

### Care and After-Care.

The provision of open air shelters, extra nourishment and nursing requisites are dealt with on page 50. To my mind, however, the most important aspect of tuberculosis from the point of view of a local health authority lies in its prevention.

The prevention of infection by milk is dealt with on page 91 in connection with the scheme approved by the health and education committees for the regular examination of milk supplied to schools ; it is also covered by the County Council's duties as licensing authority under the Milk (Special Designations) (Pasteurised and Sterilized Milk) Regulations, 1949. Action has also been taken by County Health Inspectors under the Food and Drugs (Milk, Dairies and Artificial Cream) Act which authorises biological examination of milk suspected to be infected with the organisms of certain scheduled diseases of which tuberculosis is the most important.

From the point of view of pulmonary disease however, there has been an almost complete breakdown in the channels of information as many local health authorities were not informed of the admissions to sanatoria and pulmonary hospitals after the appointed day. It is accordingly impossible to give information as to the percentage of cases (enumerated in Table III) admitted to hospital. Recent discussions between officers of local health authorities and officers of Regional Hospital Boards have secured the promise of the transmission of information for future reports. These discussions have also revealed a tendency possibly rendered more noticeable by the use of anti-biotic drugs viz., streptomycin, to treat individual patients partially prolonging their lives and diminishing the death rate from tuberculosis, but



retaining them longer in the community as a potential source of infection. It would seem, therefore, that the trend of the future will be that more and more cases of tuberculosis will be dealt with at home by chest physicians and by general practitioners. There will be a larger number of open cases mixing with the general public and this emphasizes the increasing need for better facilities for B.C.G. vaccination. It also raises once again the question of whether the mass miniature radiography service should not be placed in the care of the local health authorities who are alive to the need for organising preventive work against tuberculosis. It is hoped to deal with this subject at greater length in the next report and to give details of schemes which have been worked out in collaboration with the Home Office, the Ministry of Health and the Ministry of Education insofar as the services supervised by these central departments are linked with services provided by the County Council under the various statutes *e.g.* Children Acts and the National Health Service Acts.

### PREVALENCE OF INFECTIOUS DISEASES.

The number of infectious diseases notified to the local medical officer of health of the several sanitary districts during 1948, 1949 and 1950 is given in Table 7 at the end of this report.

### VENEREAL DISEASES.

The following table gives a summary of first attendances made by North Riding patients at the hospitals named during the years 1941-1950.

Treatment Centre.	Number of North Riding patients treated for the first time.									
	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Darlington General Hospital ..	32	32	43	52	61	84	52	58	39	55
Harrogate General Hospital ..	2	14	3	2	11	5	8	6	6	11
Leeds General Infirmary ..	—	1	1	—	4	4	3	1	2	6
Middlesbrough General Hospital ..	46	44	97	104	181	288	212	145	167	159
Scarborough Hospital .. ..	288	131	148	192	195	181	162	110	108	95
Stockton & Thornaby Hospital ..	61	76	81	74	71	98	72	NA	NA	NA
York County Hospital .. ..	27	34	41	55	49	90	51	68	44	27

NA—not available



## **HOUSING.**

I am indebted to the Clerk of the County Council for the following contribution on the Housing (Rural Workers) Acts, 1926-1942, the Housing (Financial and Miscellaneous Provisions) Act, 1946 and the Housing Act, 1949.

### **Housing (Rural Workers) Acts, 1926-1942.**

As stated in my report for 1947 power to make grants for reconstructing houses under these Acts ceased in September, 1945. The conditions under which grants had been made however operate for a period of 20 years from the date when the respective cottages became fit for occupation after the completion of the works. A signed statement is obtained annually from the recipients of grants certifying that the conditions have been observed during the year in question. Where necessary a test check is made. In two cases where there has been a breach of the conditions of the grant repayment has been demanded and has been made, and in another two cases the liability to make repayment was waived with the approval of the Ministry. Applications have also been made by certain owners to repay the proportionate part of grants and subject to the approval of the Minister of Health, permission has been given.

### **Housing (Financial and Miscellaneous Provisions) Act, 1946.**

Under section 8 of the Act contributions at the rate of £1 10s. 0d. per house annually for 60 years continue to be made to County District Councils where the Minister of Health has approved of contributions under section 3 being made in respect of houses provided for the agricultural population.

### **Housing Act, 1949.**

The Housing Act, 1949, received the Royal Assent on the 30th July, 1949. It made important amendments to existing housing legislation, which is administered mainly by housing authorities, namely the councils of boroughs and urban and rural districts. There are however a few matters which concern the County Council, *e.g.*

- (a) Where further works are carried out to dwellinghouses which are the subject of conditions imposed on the making of grants under the Housing (Rural Workers) Acts the County Council may give direction increasing the maximum amount of rent payable by not exceeding 8% of the cost of further works.
- (b) Where assistance is given by a housing authority by way of an "improvement grant" under section 20 of the Act in the case of such a dwellinghouse as is mentioned in paragraph (a) above, the conditions laid down in the Act governing improvement grants are substituted for those under the Housing (Rural Workers) Acts.

- (c) Under Part II of the Act housing authorities may make grants to private owners for the provision of dwellings by the conversion of houses and other buildings and for the improvement of existing dwellings. Agreements may be made between County Councils and County District Councils for the exercise by the County Council of this power; these agreements may contain such provisions with regard to the expenses to be incurred by the County Council, including the raising of loans to meet those expenses, and other provisions as the Councils think proper.
- (d) The powers contained in the Housing Act, 1936 enabling local authorities (including County Councils) to make loans for the acquisition, etc., of housing accommodation and to give guarantees, are re-enacted with certain modifications, the principal of which is that the estimated freehold value of the house or flat in respect of which an advance may be made is raised from £1,500 to £5,000.

### **LABORATORY FACILITIES.**

In September 1943, the Medical Research Council came to an arrangement with the County Council for the use of six rooms in the County Hall, originally provided for veterinary and medical laboratory services, as an emergency public health laboratory. This service has been widely used and much appreciated by the officers of the local authorities who have agreed to use it. The antigens necessary for diphtheria immunisation and lymph used for vaccination against smallpox are distributed by post from the laboratory throughout the North Riding.

The laboratory at Northallerton also deals with specimens sent by officers of the county boroughs of Darlington and Middlesbrough; the laboratory has access to the facilities offered by the reference laboratories of the public health laboratory service.

### **WATER SUPPLIES.**

Apart from the short Water Act, 1948, passed to amend certain sections of the Water Act, 1945, no legislation of major importance has been enacted during the period of this report.

The report of the Central Advisory Water Committee (Gathering Grounds Sub-Committee) on Public Access to Gathering Grounds, was issued by the Ministry of Health during the year 1948. As the North Riding is predominantly rural in character and contains within its boundaries large areas devoted to afforestation, agriculture and areas frequented by holiday-makers in which sources of water supply are located, the recommendations in the Report are of particular interest. Briefly these may be summarised as follows :—

(a) **PUBLIC ACCESS TO GATHERING GROUNDS, ETC.**

This to be permitted subject to restriction near reservoirs, feeder streams, etc. and to the provision of adequate sanitary amenities for the prevention of pollution of water supplies.

(b) **AFFORESTATION.**

This was considered to offer more advantages than disadvantages in catchment areas.



## (c) AGRICULTURE.

On economic grounds agricultural expansion was regarded as a necessity and inevitable but it was considered that there should be control over the use of the land, manures, fertilisers and type of stock kept in the catchment areas.

The recommendations were correlated, insofar as they referred to relaxation of restrictions, with conditions where adequate purification processes existed. From a public health aspect, this cannot unfortunately be considered as applicable to the majority of water supplies in the County area relying as they do, solely on chlorination. The lack of sanitary accommodation provided for afforestation workers, working in or near water gathering grounds, has been represented to the Ministries concerned as a source of potential danger and it is satisfactory to be able to report that this matter is now receiving attention.

1949 was a year of great difficulty to local authorities and water undertakers owing to lack of rainfall in months when natural sources of water supply are normally replenished.

Shortages occurred in varying degree in the following areas :—

Guisborough U.D.	Helmsley R.D.
Loftus U.D.	Kirbymoorside R.D.
Northallerton U.D.	Northallerton R.D.
Saltburn & Marske U.D.	Pickering R.D.
Skelton & Brotton U.D.	Scarborough R.D.
Aysgarth R.D.	Stokesley R.D.
Bedale R.D.	Whitby R.D.

A number of authorities have had recourse to carting water and the services of the County Fire Service were enlisted for this purpose. The use of alternative sources of supply was necessary to augment existing supplies and these, together with the reduction in flow from the normal sources, presented special problems of supervision to ensure safety for the consumer, *i.e.*, there was almost complete cessation of supplies from the Lockwood Beck reservoir of the Cleveland Water Company after the 3rd August, 1949, and water of inferior quality was drawn from Sleddale Beck at Comondale. These conditions were contributory factors to the increase in unsatisfactory sample results during 1949 because there was (a) a greater frequency of sampling and (b) concentration of sampling on "suspicious" and contaminated sources of supply. Fortunately, there was no repetition of these conditions in the year 1950, shortages during the year being confined to supplies which have shown progressive diminution in recent years or to areas in which housing development has exceeded available resources.

One of the most satisfactory features of the activities of the local sanitary authorities in recent years has been the increase in sampling and supervision of water supplies, which apart from isolated defection has been steadily maintained. The numbers of samples taken for bacteriological examination during the past five years are as follows :—

1946	1947	1948	1949	1950
613	681	915	907	1,446



## No. and Results of samples of water taken by local authorities.

DISTRICT	1948						1949						1950					
	Chemical analysis			Bacteriological examination			Chemical analysis			Bacteriological examination			Chemical analysis			Bacteriological examination		
	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory
URBAN																		
*Eston ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guisborough ..	10	10	—	33	33	—	8	8	—	22	15	7	3	3	—	21	21	—
Loftus ..	6	6	—	6	6	—	6	6	—	29	17	12	1	1	—	14	11	3
Malton ..	—	—	—	4	4	—	—	—	—	7	7	—	—	—	—	13	12	1
Northallerton ..	1	1	—	20	20	—	—	—	—	53	41	12	1	1	—	16	10	6
Pickering ..	—	—	—	12	12	—	—	—	—	2	2	—	—	—	—	4	3	1
Redcar Borough ..	30	30	—	30	30	—	38	38	—	38	38	—	8	8	—	8	8	—
Richmond Borough ..	—	—	—	12	4	8	—	—	—	12	12	—	—	—	—	24	24	—
Saltburn & Marske ..	—	—	—	5	4	1	—	—	—	3	3	—	3	3	—	3	3	—
Scalby ..	1	1	—	1	1	—	—	—	—	9	6	3	2	2	—	55	36	19
Scarborough Borough ..	23	23	—	261	261	—	—	—	—	232	232	—	—	—	—	356	268	88
Skelton & Brotton ..	1	1	—	1	1	—	3	3	—	19	13	6	1	1	—	10	9	1
*Thornaby Borough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whitby ..	1	1	—	7	—	7	1	1	—	5	5	—	1	1	—	50	24	26
Total Urban ..	73	73	—	392	376	16	56	56	—	431	391	40	22	22	—	577	432	145
RURAL.																		
Aysgarth ..	—	—	—	46	20	26	—	—	—	27	12	15	—	—	—	46	21	25
Bedale ..	1	1	—	14	14	—	1	1	—	14	14	—	—	—	—	8	8	—
Croft ..	3	3	—	3	2	1	1	—	1	1	—	1	3	3	—	3	3	—
Easingwold ..	3	3	—	57	57	—	—	—	—	59	48	11	—	—	—	71	46	25
Flaxton ..	15	6	9	118	49	69	—	—	—	17	17	—	—	—	—	43	30	13
Helmsley ..	1	1	—	29	13	16	1	1	—	21	21	—	—	—	—	19	16	3
Kirbymoorside ..	8	8	—	8	8	—	13	13	—	13	13	—	—	—	—	22	19	3
Leyburn ..	3	3	—	14	—	14	1	—	1	8	4	4	—	—	—	15	12	3
Malton ..	1	1	—	14	14	—	—	—	—	35	30	5	—	—	—	38	36	2
Masham ..	—	—	—	—	—	—	2	2	—	2	2	—	—	—	—	—	—	—
Northallerton ..	2	2	—	10	5	5	—	—	—	8	5	3	—	—	—	13	1	12
Pickering ..	1	1	—	12	12	—	—	—	—	1	1	—	—	—	—	23	10	13
Reeth ..	—	—	—	6	3	3	—	—	—	—	—	—	—	—	—	—	—	—
Richmond ..	1	1	—	1	1	—	5	5	—	22	22	—	6	5	1	31	25	6
Scarborough ..	3	3	—	31	17	14	10	8	2	97	40	57	9	9	—	330	102	228
Startforth ..	16	16	—	16	16	—	1	1	—	1	1	—	—	—	—	1	—	1
Stokesley ..	16	13	3	16	11	5	12	12	—	17	13	4	13	13	—	28	22	6
Thirsk ..	25	24	1	30	25	5	11	5	6	10	6	4	5	5	—	5	5	—
Wath ..	—	—	—	34	31	3	—	—	—	34	31	3	—	—	—	21	13	8
Whitby ..	—	—	—	64	38	26	1	1	—	89	25	64	2	2	—	152	47	105
Total Rural ..	99	86	13	523	336	187	59	49	10	476	305	171	38	37	1	869	416	453
Administrative County	172	159	13	915	712	203	115	105	10	907	696	211	60	59	1	1446	848	598

\* Supply provided by Tees Valley Water Board.



A brief summary of some of the more interesting activities of the various sanitary districts in the county in connection with water supplies is as follows :—

#### GUISBOROUGH U.D.

The Council acquired the Water Undertaking of the Guisborough Water Company in April, 1948, and submitted a scheme for the improvement of the supply and for additional supplies thereto.

#### LOFTUS U.D.

In a reference to the general unsatisfactory condition of the water supplies in the area, the medical officer of health in his annual report for 1948 stressed the need for the Scaling Dam scheme to be carried out by the Cleveland Water Company at the earliest possible time.

#### MALTON U.D.

Owing to the deterioration of pumping equipment at Norton from which supplies had been obtained, the Council decided during the year 1949 to approach the Ryedale Joint Water Board with a view to becoming a constituent member.

#### NORTHALLERTON U.D.

Following approval of the proposals for the improvement of supplies to Brompton in July, 1948, work was commenced in September of that year. The new 6" main was completed and came into use in 1949.

A Ministry of Health Inquiry into the proposed Cod Beck development scheme to be carried out jointly by the Rural District Council and the Urban Council was held in January, 1948.

#### PICKERING U.D.

As in previous years, shortages of water occurred in the New-Bridge area and the medical officer of health stated in his annual report that a scheme to supply this area was long overdue.

#### AYSGARTH R.D.

A public inquiry into the proposed new Addlebrough Sub-Regional Scheme was held in June, 1948, and work on the scheme was commenced in 1949. This scheme, when completed, will supply Aysgarth, Thornton Rust, Cubeck, Bainbridge, Woodhall and Askrigg. Existing supplies in the rural district are untreated and samples have shown intermittent pollution which is attributed to lack of protection of the gathering grounds. A new 2" main was laid to Worton during 1949. In 1950, the extension of the Addlebrough Sub-Regional scheme to Aysgarth was commenced.

#### CROFT R.D.

The scheme for the supply of water to Cliffe, Manfield, Cleasby and Stapleton by the provision of a 6" main from Piercebridge (Darlington R.D.C.) was completed in 1948 and a supply was provided to Dalton in 1949.

#### EASINGWOLD R.D.

The link main connection to Malton Rural District Council's mains was completed in 1949 thereby providing an improved supply to Stillington and Sutton-on-Forest.



### FLAXTON R.D.

A public inquiry into the rural district council's proposals contained in No. 2 Regional Water Supply scheme was held in July, 1948. Mains extensions were made in Flaxton, Wigginton, Claxton and Sand Hutten villages in 1949 and further extensions totalling 44 miles of new main were made in the year 1950, in readiness for the supply of water by the Ryedale Joint Water Board.

### PICKERING R.D.

Work on a new scheme to supply Newton-in-Rawcliffe was commenced during the year 1949.

### REETH R.D.

The Ministry of Health held a Public Inquiry at Reeth in October, 1948, to consider the proposed Regional Water Supply scheme. The need for this scheme in the Dales area is urgent.

### STOKESLEY R.D.

At the end of 1949, this authority was able to report satisfactory progress in the connection of properties to piped water supplies it being estimated that 86% of the properties and 90% of the population was supplied in this manner.

The high level water tower at Hutton Rudby came into operation in 1950.

### WHITBY R.D.

The extensive regional supply scheme prepared by this authority was carried a step further during 1948 when the Ministry of Health held a Public Inquiry. The shortage of water in some areas was stressed at the Inquiry and the Council are endeavouring to prepare temporary supply schemes which can eventually be integrated with the Regional Scheme.

In 1949, new piped water supplies were provided to Newholm, Dunsley and Roxby, and in 1950 to Ugglebarnby, Sneaton, Stainsacre, Hawsker and Raw.

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In areas not specifically mentioned above, there was for the most part, steady progress in the preparation and/or implementation of schemes.

During the three years under review the number of schemes submitted and examined by the County Consulting Engineers (Messrs. Binnie, Deacon and Gourlay) and the county health inspectors was as follows :—

1948	1949	1950
<hr/>	<hr/>	<hr/>
13	9	16

Details of the local authorities concerned, area of supply and estimated cost of the schemes, are as follows :—

Authority.	Date Received.	Object.	Estimated Cost.
			£
Loftus U.D.C. ..	3-2-50	Easington and Streethouses (temporary scheme)	4,605
Scalby U.D.C. ..	30-3-48	Iron oxide treatment plant—Scalby Nabs.	15,573
Aysgarth R.D.C. ..	8-7-49	Carperby .. .. .	2,958
	20-8-49	Hawes and Gayle—new reservoir ..	1,395
	23-12-49	West Burton—water mains extension	275
Bedale R.D.C. ..	25-8-49	Blow Houses, Scruton (subsequently revised).	698
Easingwold R.D.C. ..	14-3-50	Alne—mains extension ..	2,000
Helmsley R.D.C. ..	28-4-48	Water distribution scheme from Ryedale Water Board.	53,000
	1-7-49	Helmsley Development area ..	5,656
Kirbymoorside R.D.C.	31-12-48	Amended water distribution scheme from Ryedale Water Board.	13,618
Leyburn R.D.C. ..	5-4-49	Bellerby .. .. .	4,500
	22-2-50	Danby .. .. .	3,000
	22-2-50	Garriston .. .. .	3,000
	22-2-50	Hornby .. .. .	3,400
	22-2-50	West Scafton .. .. .	3,010
	16-5-50	Hunton .. .. .	700
Masham R.D.C. ..	27-8-49	Ilton .. .. .	1,420
	16-11-50	Ilton (revised scheme) .. ..	1,420
Northallerton R.D.C.	15-10-48	Water distribution scheme ..	365,244
	14-5-49	Sowerby-under-Cotcliffe (supply to farms).	3,243
	21-1-50	Rural distribution—amended scheme.	210,000
Pickering R.D.C. ..	24-2-48	Scheme for supplying Allerston and Ebberston.	4,493
	25-3-50	Normanby—mains extension ..	1,500
	8-6-50	Wandales Lane, Great Barugh	—
	9-9-50	Wilton Parish supply—temporary supply from Ebberston pending permanent supply from Ryedale Water Board.	5,900
Scarborough R.D.C. ..	1-6-48	Improvement to Sawdon and Snainton supply.	4,024
	28-8-50	Regional water supply scheme ..	57,818
Startforth R.D.C. ..	12-7-48	Schemes to supply Barningham, Bowes district, Holwick, Hunder- thwaite, Hutton Magna.	42,715
	25-1-50	Hunderthwaite water supply scheme	3,500

Authority.	Date. Received.	Object.	Estimated Cost.
Stokesley R.D.C. ..	29-4-49	Kildale and Easby .. ..	£ 6,500
	10-11-49	Amended scheme for Kildale only ..	4,560
Thirsk R.D.C. ..	11-10-48	Milby Crown Lands supply to Ellenthorpe, Humberton and Thornton Bridge.	4,200
Wath R.D.C. ..	24-3-50	Baldersby St. James .. ..	738
Whitby R.D.C. ..	6-3-48	Scheme to supply Newholm, Dunsley and East Row.	4,910
	24-7-50	Extension of R.D. scheme to supply Littlebeck and Sneaton Thorpe.	12,906

### Public Inquiries—Water Supplies.

Public Inquiries were held by the Ministry of Health during the period under review into 17 water supply schemes. These were attended by the county health inspectors who reported thereon.

The Inquiries were in connection with the undermentioned schemes :—

Authority.	Date of Inquiry.	Scheme.
Northallerton U.D.C.	29-1-48	Proposal to form a Joint Water Board for the Northallerton Urban and Rural districts.
Skelton & Brotton U.D.C.	14-4-49	Lockwood Reservoir, Moorsholm.
Aysgarth R.D.C. ..	1-6-48	Addlebrough Sub-Regional Water Scheme— Parishes of Askrigg, Bainbridge and Thornton Rust.
	28-4-49	Joint water scheme—High Shaw, Simonstone and Hardrow.
Easingwold R.D.C. ..	23-11-50	Progress of mains distribution scheme for con- nection to Ryedale Water Board supply when available.
Flaxton R.D.C. ..	30-6-48	Scheme to supply Parishes of Bossall, Claxton, Flaxton, Haxby, Holtby, Murton, Sand Hutton, Skelton, Stockton-on-Forest, Strensall, Upper Helmsley, Warthill, Wigginton, Gate Helmsley, Harton.
	22-11-50	Progress of distribution scheme for connection to Ryedale Water Board supply when available.
Helmsley R.D.C. ..	4-5-49	Ampleforth, Byland-with-Wass, Cawton, Coul- ton, Gilling East, Grimston, Newton East and Laysthorpe, Oswaldkirk, Stonegrave, Sproxton, Thorpe-le-Willows, Helmsley.



Authority.	Date of Inquiry.	Scheme.
Kirbymoorside R.D.C.	17-2-48 25-7-50	Water supply to Farndale East. Extension of mains in Kirbymoorside R.D. distribution scheme.
Leyburn R.D.C. . .	18-5-50	Bellerby Village supply.
Northallerton R.D.C.	16-2-50	Water supply scheme for the whole of the rural district except Brompton and Romanby.
Reeth R.D.C. . .	27-10-48	Regional water scheme—Parishes of Grinton, Marrick, Melbecks, Muker, Reeth and Ellerton Abbey.
Richmond R.D.C. . .	28-10-49	Water supply scheme for the rural district.
Startforth R.D.C. . .	28-11-50	Supplies to the Parishes of Barningham, Boldron, Bowes, Brignall, Egglesstone Abbey, Gilmonby, Rokeby and Scargill, Holwick, Hunderthwaite, Hutton Magna and Wycliffe.
Whitby R.D.C. . .	20-7-48 8-12-48	Parishes of Goathland and Beckhole. Parishes of Aislaby, Barnby, Borrowby, Com- mondale, Danby, Egton, Ellerby, Glaisdale, Hinderwell, Hutton Mulgrave, Lythe, Mickleby, Newholm-cum-Dunsley, Newton Mulgrave, Roxby, Ugthorpe, Westerdale.

### SEWERAGE AND SEWAGE DISPOSAL.

Fifty-two schemes were submitted by local authorities to the County Council during the period under review; these were examined by the County Consulting Engineers and the County Health Inspectors and reports were prepared thereon. Work on the majority of the schemes has not been commenced, as many of the schemes prepared for the rural areas have, owing to the terrain and small population involved, been in excess of the limits of cost per house quoted in the Ministry of Health's Circular 87/47. The provision of modern sanitary amenities in rural areas is long overdue on health grounds, but with ever increasing costs of labour and materials, the implementation of the schemes must inevitably place great financial strain on the resources of the smaller authorities.

The following list gives details of the numbers of schemes submitted by county districts during the years 1948, 1949 and 1950, together with the area concerned and estimated costs :—

Authority.	Date Received.	Scheme.	Estimated Cost.
			£
Eston U.D. ..	9-8-50	Proposal for a new trunk sewer to serve the development area south of the Redcar-Middlesbrough Road.	—
Aysgarth R.D. ..	14-4-48	Aysgarth .. .. .	7,616
		West Burton .. .. .	6,709
	16-6-48	Burtersett (subsequently revised) ..	2,535
	11-3-49	Burtersett (revised scheme) ..	2,470
	8-7-49	Carperby .. .. .	2,145
Bedale R.D. ..	17-2-50	Carthorpe scheme .. ..	12,400
Croft R.D. ...	3-3-48	Five schemes—	
		Cleasby .. .. .	7,950
		Croft .. .. .	13,150
		Dalton .. .. .	5,300
		Manfield .. .. .	8,200
		Stapleton .. .. .	7,800
Easingwold R.D. ..	16-3-50	Stillington scheme .. ..	10,753
Flaxton R.D. ..	28-2-50	Huntington—Hop Grove scheme ..	7,540
	4-3-50	Wigginton and Haxby scheme ..	2,140
Helmsley R.D. ..	28-4-48	Joint Sewerage scheme—	40,500
		Harome, Beadlam, Nawton and Wombleton.	
	13-9-48	Sproxton .. .. .	5,350
	11-11-48	Ampleforth and Ampleforth College	25,250
	1-7-49	Helmsley development scheme ..	7,650
	12-9-50	Parish of Gilling .. ..	7,510
Leyburn R.D. ..	30-4-48	Carlton .. .. .	4,950
	8-10-48	Leyburn, Middleham, Spennithorne Harmby and East Witton.	43,614
Malton R.D. ..	16-11-50	Low Hutton .. .. .	8,600
Northallerton R.D. ..	7-6-48	Brompton and Romanby ..	62,000
Pickering R.D. ..	9-7-49	Thornton Dale .. .. .	28,600
Reeth R.D. ..	6-1-48	Four schemes—	
		Marrick .. .. .	3,735
		Thwaite .. .. .	2,893
		Low Row & Feetham ..	8,918
		Keld .. .. .	1,734
Richmond R.D. ..	10-12-49	Catterick Village—sewage disposal works.	7,767
	12-4-50	Five schemes—	
		Aldbrough St. John ..	14,050
		Eppleby .. .. .	11,450
		Gilling .. .. .	18,750
		Hudswell .. .. .	9,450
		North Cowton .. ..	13,150
	22-8-50	Newsham .. .. .	9,950

Authority.	Date Received.	Scheme.	Estimated Cost.
Scarborough R.D. ..	7-2-48	East Ayton .. .. .	£ —
	31-8-49	Seamer sewerage scheme— extension to Cayton.	34,000
	19-10-50	Extension of Seamer-Ayton sewerage scheme at East Ayton.	4,165
Startforth R.D. ..	12-7-48	Nine schemes—	
		Barningham .. .. .	3,140
		Boldron .. .. .	2,270
		Bowes .. .. .	3,520
		Hutton Magna .. .. .	3,310
		Lartington .. .. .	2,950
		Mickleton .. .. .	5,570
		Ovington .. .. .	2,780
		Romaldkirk .. .. .	1,550
	7-12-49	Startforth .. .. .	6,520
		Parish of Startforth (amended scheme).	15,200
Stokesley R.D. ..	29-4-49	Sewer in North Road, Stokesley ..	900
Thirsk R.D. ..	28-10-50	Provision of sewerage and sewage disposal scheme for the Parishes of South Otterington and Newby Wiske with future extension to Thornton-le-Moor.	10,900
Wath R.D. ..	14-12-48	Melmerby and Wath ..	14,021

Twenty-four Public Inquiries were held by the Minister of Health during the period under review, into schemes of sewerage and sewage disposal and were attended by the county health inspectors who reported thereon. Details of the schemes are as follows :—

Authority.	Date of Inquiry.	Scheme.
Eston U.D.C. ..	29-11-50	Proposal for a new trunk sewer to serve the development area south of the Redcar—Middlesbrough Road.
Guisborough U.D.C. . . .	18-5-49	Public sewer—Morton Carr, Nunthorpe.
Richmond Borough ..	22-9-50	Sewage Disposal works—St. Martin's.
Scalby U.D.C. ..	19-4-50	Duchy of Lancaster property drainage and Wrea Head drainage.
Aysgarth R.D.C. ..	12-10-49	West Burton sewerage scheme.
Bedale R.D.C. ..	16-8-49	Joint sewerage scheme—Theakston, Burneston and Carthorpe.
	12-10-50	Proposed scheme for new sewer from Aiskew to Leeming Bar.



Authority.	Date of Inquiry.	Scheme.
Croft R.D.C. ..	5-12-50	Sewerage and sewage disposal for Croft Parish.
Easingwold R.D.C. ..	13-12-49	Sewage disposal—Alne, Tollerton, Shipton, Helperby and Brafferton.
Flaxton R.D.C. }	29-3-49	Joint scheme for Lillings Ambo and Sheriff Hutton with Cornborough.
Malton R.D.C. }		
Flaxton R.D.C. ..	2-3-50	Sewage disposal—Claxton, Gate Helmsley and Stockton-on-Forest.
Helmsley R.D.C. ..	3-5-49	Sproxton, Harome and Beadlam.
	22-12-49	Ampleforth
Kirbymoorside R.D.C.	3-5-49	Nawton and Wombleton
Leyburn R.D.C. ..	12-1-49	Newton-le-Willows, Patrick Brompton, West Witton and Hunton.
	27-4-49	Carlton sewage scheme.
Richmond R.D.C. ..	15-12-50	Proposed sewage disposal works at Catterick.
Scarborough R.D.C. ..	20-5-48	Parishes of Gristhorpe, Lebberston, Cayton, Seamer, Irton, East Ayton, West Ayton, Hutton Buscel and Wykeham.
	15-2-50	Seamer and Ayton sewerage scheme.
	26-9-50	Seamer and Ayton sewerage scheme.
Startforth R.D.C. ..	28-11-50	Proposed sewage disposal schemes for Barningham, Boldron, Bowes, Hutton Magna, Lartington, Mickleton, Ovington, Romaldkirk and Startforth.
Thirsk R.D.C. ..	31-10-50	Proposals for sewerage and sewage disposal at South Otterington and Newby Wiske.
	28-11-50	Sewerage and sewage disposal—Thirsk, Sowerby, Carlton Miniott, South Kilvington and Sandhutton.
Wath R.D.C. ..	21-12-49	Melmerby and Wath.

A brief resumé of the needs and the activities of local authorities for the improvement of sewerage and sewage disposal facilities during the three years under review, is as follows :—

#### ESTON U.D.

The Council have prepared a scheme for a new trunk sewer to the River Tees outfall to allow for redevelopment in the area and negotiations are in progress but have not been concluded.

#### GUISBOROUGH U.D.

Agreement was reached with the Eston U.D.C. for the drainage of the area adjacent to the Wilton I.C.I. development into the Eston sewerage system, for ultimate discharge into the River Tees.

#### NORTHALLERTON U.D.

The sewage works are stated to be working to full capacity and extensions are required.

#### PICKERING U.D.

New sewers and replacement sewers have been laid and a new sludge pump installed at the sewage disposal works.

#### RICHMOND BOROUGH.

There are no sewage disposal works, sewers discharge direct to the River Swale and conditions are most unsatisfactory particularly at times of low rainfall.

#### SKELTON & BROTON U.D.

Sewers in this area have been damaged by mining subsidence and require relaying. During the years 1949 and 1950 a number of defective sewers were relaid.

#### THORNABY BOROUGH.

During the year 1949, a number of defective sewers were replaced and attention was drawn to the need for provision of sewers to the south of the Borough, in areas where development is restricted owing to lack of essential services.

#### WHITBY U.D.

A private sewage disposal plant at Carr Hall, Sleights, has been replaced by a plant of more modern design.

#### AYSGARTH R.D.

The sewage disposal facilities at Hawes, Gayle, Burtersett and Carperby were stated to be inadequate. A scheme for improvement of the disposal works at Hawes and the abolition of the Gayle works was prepared in 1948, work being commenced on this scheme in 1950. There is a lack of sewage disposal facilities in a number of villages, there being 416 houses in the area not connected to sewers.

#### BEDALE R.D.

Many of the existing sewage disposal works are old, of poor design and overloaded. A number of villages have no sewerage or sewage disposal facilities but schemes have been prepared in respect of many of these villages.

#### CROFT R.D.

Sewage disposal facilities are inadequate in Manfield, Cleasby, Stapleton, Croft, Dalton and Barton, and the villages of Newton Morrell, Cliffe, Girsby and Over Dinsdale have no public sewer. Approximately 300 houses in the area are not connected to sewers, but new schemes of sewerage and sewage disposal have been prepared. There is an urgent need for sewage disposal works in the area as many villages are now drained direct to the River Tees.

#### EASINGWOLD R.D.

Several of the larger villages and the majority of the smaller villages in this area have no sewage disposal facilities. Schemes have been prepared for the greater part of the area and are awaiting approval. The sewage disposal works for the Easingwold town area are overloaded.



#### FLAXTON R.D.

Schemes of sewerage and sewage disposal have been prepared to meet all requirements in this district and await approval. Twelve outlying villages included in the above schemes, have 1,136 houses not connected to sewers. Haxby sewage disposal works are now working to capacity.

#### HELMSLEY R.D.

In 1948, the Council made arrangements to acquire the sewage disposal works at Wombledon R.A.F. aerodrome and these are intended to serve the townships of Beadlam and Harome (Helmsley R.D.C.) and Nawton and Wombledon (Kirbymoorside R.D.C.). The works will be under the direction of a joint Committee.

Sewage disposal works at Ampleforth and Gilling formerly serving military camps are also being acquired to serve the villages. Schemes have been prepared in respect of other areas in which there are no sewage disposal facilities or existing works are not efficient.

#### KIRBYMOORSIDE R.D.

The existing sewage disposal works for Kirbymoorside town area area overloaded and require extension. The majority of the villages in the area have no sewerage and sewage disposal facilities and schemes have been prepared and await approval.

#### LEYBURN R.D.

Sewage disposal works are required for the major part of the area, there being 1,733 houses in the area not connected to sewers. Existing facilities at Leyburn, Castle Bolton and Preston are stated to be inadequate.

#### MALTON R.D.

Sewage disposal facilities are required for all villages in the area except Hovingham and Coneysthorpe. Schemes for a number of villages have been prepared and await approval.

#### NORTHALLERTON R.D.

Approval has been given by the Minister of Health to the joint sewage disposal scheme for Brompton and Romanby. Throughout the greater part of the area sewerage and sewage disposal facilities are urgently required to enable full advantage to be taken of the area water supply scheme, when available.

#### PICKERING R.D.

All the larger villages in this area require sewage disposal facilities there being no sewerage schemes or sewage disposal works of modern design in the area.

#### REETH R.D.

Improvements to existing sewerage and sewage disposal facilities are required at Keld, Reeth, Grinton and Healaugh. A number of villages have no sewage disposal facilities but schemes have been prepared.



## RICHMOND R.D.

The condition of existing sewage disposal works in this area was the subject of a special report by the medical officer of health in October, 1949, in which there was considerable adverse criticism and there would appear to be need for improvements in supervision and maintenance. The following districts require sewerage and sewage disposal facilities—Aldbrough St. John, Colburn, Downholme, Gayles, Gilling, Hudswell, Kirby Hill, East Layton, Marske, Moulton, Ravensworth, Tunstall, Whashton, Ellerton, Newsham and West Layton.

## SCARBOROUGH R.D.

Work was commenced on an area sewage disposal scheme for the villages of Seamer, Irton, East and West Ayton and the new Scarborough housing scheme at Eastfield Estate ; the disposal works came into operation in 1950. Other schemes are in abeyance for various reasons but are intended to cover all the populated areas of the district. Part of a sewer in Brompton village was relaid following pollution of a water supply.

## STARTFORTH R.D.

A new sewage disposal works for Cotherstone was commenced in 1948 and completed in 1949. Similar works for other areas are urgently needed.

## STOKESLEY R.D.

Considerable progress has been made during the period under review with sewerage and sewage disposal work and with the following schemes in particular :—

Parishes of Ormesby and Marton—sewer extensions have been carried out from the Gypsy Lane sewage disposal works in a southerly and easterly direction which will allow for the abolition of cesspools in the district and will open up a large area of potential building land.

Parish of Stainton—when the laying of new sewers is completed from the site of the disposal works to the village, all the properties in the village will be enabled to instal closet accommodation on the water carriage system.

## THIRSK R.D.

Schemes for sewerage and sewage disposal are required for the majority of the villages in this district, but the most pressing need is the provision of works to serve the township of Thirsk where at present sewers discharge direct to the Cod Beck near the centre of the town and are a source of nuisance. A number of schemes have been prepared to meet the needs of the district and await approval.

## WATH R.D.

A number of schemes have been prepared for the district.

## WHITBY R.D.

A number of villages in the area have old systems of sewers with sea outfalls but 38 villages and hamlets require to be sewerage. There are modern works at Sleights but in other inland areas works are either non-existent or old, inefficient and of bad design.

Apart from the foregoing work, the main activities of county districts have been the provision of new sewers to new housing sites. New building development is emphasising the need for sewage disposal works or extensions to existing works for the larger villages in rural areas. The tendency to improvise pending approval of prepared schemes, particularly in areas with localised water supplies, cannot be viewed with complacency from a public health standpoint.

### REFUSE COLLECTION AND DISPOSAL.

The provision of adequate refuse collection and disposal facilities in the Riding, which is mainly rural in character, presents special difficulties to the Rural Councils and to certain Urban Councils with rural conditions in their areas.

Disposal by tipping is the main method in use and as villages are often widely separated, this method involves the use of a number of small tips near each village or long expensive hauls to centralised tips serving a group of villages. The indiscriminate tipping of refuse is a danger to health as well as an "eyesore." Such tips form breeding places for flies and rats both of which may be responsible for the spread of disease. Controlled tipping in accordance with the recommendations of the Ministry of Health is essential if unsatisfactory conditions are to be avoided. This fact appears to be appreciated by many of the local authorities in the Riding, but it is apparent that in some areas claiming to be using controlled tipping as the system of disposal the term is being very widely interpreted owing to the prohibitive cost and difficulty of obtaining suitable sites. In the interests of public health, the sanitary disposal of refuse should not be subordinated to considerations of economy except where such economy can be effected by improvements in method of collection, reduction in haulage costs and co-operation between adjoining authorities in the supervision, maintenance and facilities for ultimate disposal, *i.e.*, centralised tipping.

The following statement gives details of the methods of refuse collection and disposal facilities in operation in the Riding on the 31st December, 1950 :

#### URBAN.

- 14 authorities in the Riding have systems of refuse collection and disposal throughout their areas with varying frequency of collection.
- 11 authorities dispose of refuse by controlled tipping.
- 2 authorities dispose of refuse by partially controlled and uncontrolled systems.
- 1 authority disposes of refuse by incineration.

#### RURAL.

- 11 authorities have systems of refuse collection throughout their areas apart from isolated farms, the collections varying in frequency.
- 9 authorities have systems of refuse collection for part of their areas.
- 9 authorities dispose of refuse by controlled tipping.
- 11 authorities dispose of refuse by partially controlled tipping and uncontrolled tipping. This figure includes disposal of refuse to farmers for use on the land, etc.



During the period under review extensions or improvements to the refuse collection and disposal services have been made as follows :—

URBAN.

- |                     |    |   |
|---------------------|----|---|
| Eston               | .. | one motor vehicle for refuse collection and one motor gully and cesspool emptier has been purchased. A new tip has been provided giving shorter haul and adequate covering material is available. |
| Loftus              | .. | scavenging and cleansing service has been extended to Liverton Village.   |
| Malton              | .. | Refuse collection has been improved by the substitution of a motor vehicle for the open horse-drawn vehicle.  |
| Northallerton       | .. | The provision of a modern motor refuse collection vehicle has enabled weekly collection to be resumed.  |
| Skelton and Brotton | .. | Disposal tips were obtained for the whole of the refuse collected in the area.  |
| Whitby              | .. | 148 ashpits have been abolished and replaced by 109 dustbins and the refuse collection service has been extended during the year to 103 newly erected houses.                                     |

RURAL.

- |            |    |  |
|------------|----|--|
| Aysgarth   | .. | refuse collection service extended to Newbiggin and Thoraby.   |
| Bedale     | .. | an additional motor refuse collection vehicle has been brought into service allowing for a fortnightly collection in all villages in addition to weekly collection from dustbins in Bedale and Aiskew. |
| Croft      | .. | a refuse collection service was introduced for the whole area in October, 1950.  |
| Easingwold | .. | the refuse collection service was extended in 1949 to serve the Linton-on-Ouse R.A.F. Station.   |
| Flaxton    | .. | refuse collection services have been extended to Claxton, Gate Helmsley, Holtby and Sand Hutton. 84% of the area is now covered by the service, 43% by council vehicles and labour.                    |
| Helmsley   | .. | the purchase of a modern motor refuse collection vehicle enabled the service to be extended to new dwellings as required.  |
| Malton     | .. | the frequency of collection was increased in 1950 from a 12-weekly to an 8-weekly period.  |
| Pickering  | .. | a new motor refuse collection vehicle has been purchased and more frequent collection arranged in the western area of the district.  |



Reeth	..	refuse collection service was extended to Grinton village and in October, 1950, the service was extended to all accessible properties, the Council undertaking the work by direct labour.
Richmond	..	a weekly collection has been commenced throughout the district except for isolated premises.
Scarborough	..	a refuse collection service for the Scarborough Corporation's new housing estate at Eastfield, Seamer, has now been commenced.
Startforth	..	an additional refuse collection vehicle has been brought into service.
Whitby	..	a monthly collection service to additional villages has been commenced.

### NUISANCES.

Section 91, Part III of the Public Health Act, 1936, requires all local authorities to carry out inspections for the detection of nuisances within their administrative areas.

The extent of the work involved varies considerably throughout the Riding, not only between urban and rural areas, but between areas comparable in population and terrain and is influenced '*inter alia*' by,

- (a) existing facilities for the provision of sanitary amenities, *i.e.*, water supplies, sewerage, sewage disposal and refuse collection and disposal ;
- (b) density of population ;
- (c) period and extent of development of the district, a factor governing the age, type and planning of properties and sanitary services, and
- (d) the degree of industrialisation and type of industry.

From the wide variation in the statistical data available, it is apparent that no generalisation can adequately and equitably summarise the work of the local authorities in the Riding in this branch of environmental hygiene, a detailed statement such as is given in tabular form herewith, is necessary for this purpose.

During the period under review, procedure for securing the abatement of nuisances has been characterised by restricted use of statutory notices and almost complete absence of legal proceedings, in consequence the number of nuisances abated as a result of informal notices and/or verbal agreement is high, even after due allowance is made for notices pending at the end of each year. This gives cause for satisfaction being indicative of the existence in the Riding of a commendable spirit of co-operation between the public and officials of the local authorities, which is essential for the maintenance of an efficient public health service.

**NUISANCE INSPECTIONS (other than Housing inspections).**

DISTRICT	1948							1949							1950						
	No. of inspections	Nuisances found	Informal notices served	* Complied with	Statutory notices served	* Complied with	Legal proceedings	No. of inspections	Nuisances found	Informal notices served	* Complied with	Statutory notices served	* Complied with	Legal proceedings	No. of inspections	Nuisances found	Informal notices served	* Complied with	Statutory notices served	* Complied with	Legal proceedings
<b>URBAN</b>																					
Eston ..	2201	3815	2002	2355	27	71	2	2900	3922	1904	1962	20	27	—	2842	3128	2095	1964	45	42	—
Guisborough ..	295	295	238	232	—	—	—	267	267	263	263	—	—	—	416	416	207	189	—	—	—
Loftus ..	498	184	117	111	64	61	—	519	103	66	61	46	44	—	476	87	18	15	76	74	—
Malton ..	107	52	52	48	—	—	—	105	47	47	44	—	—	—	147	52	52	46	—	—	—
Northallerton ..	720	210	120	109	10	14	—	548	276	140	141	6	12	—	458	237	141	141	4	4	—
Pickering ..	62	60	17	14	3	3	—	20	15	4	2	—	—	—	30	23	8	7	—	—	—
Redcar Borough† ..	8254	6707	6610	6562	1	—	1	7420	6328	6292	6292	—	—	—	5961	5246	5195	5216	8	6	—
Richmond Borough ..	420	350	60	60	—	—	—	411	302	88	83	1	1	—	395	362	100	100	1	1	—
Saltburn & Marske ..	225	94	94	94	1	1	—	2230	743	198	191	142	142	—	1372	392	227	223	—	—	—
Scalby ..	32	32	12	11	—	—	—	17	8	3	3	1	—	—	17	6	6	6	—	—	—
Scarborough Borough	2437	587	385	366	121	99	—	2493	569	331	141	54	48	—	2393	668	304	240	65	47	—
Skelton & Brotton ..	415	278	278	112	30	27	—	1638	580	580	584	—	3	—	1168	448	448	451	1	1	1
Thornaby Borough ..	806	806	806	689	170	204	—	761	761	761	619	137	140	—	333	333	333	205	42	34	—
Whitby ..	152	120	120	98	18	10	—	899	98	98	90	9	9	—	67	66	66	63	17	17	—
<b>RURAL.</b>																					
Aysgarth ..	83	76	42	36	—	—	—	45	32	20	14	—	—	—	55	45	30	27	—	—	—
Bedale ..	40	21	13	13	—	—	—	59	41	41	37	—	—	—	62	48	48	50	—	—	—
Croft ..	9	7	5	5	—	—	—	13	11	11	11	—	—	—	8	6	6	6	—	—	—
Easingwold ..	341	48	24	24	6	6	—	291	35	33	18	3	6	—	328	34	26	26	3	2	1
Flaxton ..	10	48	43	37	4	4	—	106	25	25	7	5	5	—	76	35	30	18	15	13	—
Helmsley ..	66	60	10	10	—	—	—	70	65	8	8	—	—	—	105	90	14	14	—	—	—
Kirbymoorside ..	96	25	24	—	5	—	—	90	20	15	15	5	5	—	63	15	12	12	—	—	—
Leyburn ..	7	7	7	6	—	—	—	46	6	6	4	—	—	—	34	9	7	—	—	—	—
Malton ..	385	352	352	349	—	—	—	255	205	175	175	—	—	—	28	26	32	32	—	—	—
Masham ..	321	12	12	12	—	—	—	297	14	14	14	—	—	—	33	14	14	14	—	—	—
Northallerton ..	204	210	200	200	4	4	—	245	260	180	178	3	3	—	305	328	239	239	1	1	—
Pickering ..	89	70	17	13	4	4	—	47	32	6	4	—	—	—	10	9	3	3	—	—	—
Reeth ..	149	73	27	27	—	—	—	63	63	26	19	7	5	—	81	37	7	7	—	—	—
Richmond ..	102	22	19	19	1	1	—	243	64	42	39	3	1	—	443	85	30	28	6	4	—
Scarborough ..	64	17	14	14	3	3	—	113	37	60	3	4	2	—	110	41	35	35	6	4	—
Startforth ..	175	86	22	22	82	71	1	141	29	20	18	16	16	—	156	59	43	43	16	14	—
Stokesley ..	366	153	61	45	20	20	—	463	155	42	40	10	10	1	270	139	40	35	10	8	1
Thirsk ..	104	72	61	58	—	—	—	108	76	45	38	24	18	—	114	76	42	35	—	—	—
Wath ..	53	53	—	—	—	—	—	17	17	—	—	—	—	—	47	47	—	—	—	—	—
Whitby ..	155	152	109	109	—	—	—	157	86	60	60	—	—	—	143	96	50	50	1	1	—
<b>Totals ..</b>	<b>19503</b>	<b>15154</b>	<b>11937</b>	<b>11860</b>	<b>574</b>	<b>603</b>	<b>4</b>	<b>23097</b>	<b>15312</b>	<b>11604</b>	<b>11178</b>	<b>496</b>	<b>497</b>	<b>1</b>	<b>18843</b>	<b>12703</b>	<b>9908</b>	<b>9540</b>	<b>317</b>	<b>273</b>	<b>3</b>

\* These figures include notices pending at the end of each preceding year.

† These figures include nuisances found during housing inspections, which are not included in the returns of other authorities.

The figures for Pickering U.D.—1949—are for the three months ended 31st December.





## INSPECTION AND SUPERVISION OF FOOD.

### Food and Drugs Acts.

The sampling and examination comprise articles obtained under the Food and Drugs Act, 1938, Public Health (Condensed Milk) Regulations, 1923-1943, Public Health (Dried Milk) Regulations, 1923-1943, Public Health (Preservative in Food) Regulations and the Supplies and Services (Transitional Powers) Act, 1945.

This work was undertaken during the years 1948 and 1949 by the Inspectors of Weights and Measures under the control of the Chief Constable. On the 1st January, 1950, as a result of the recommendations of the Oaksey Committee, a Chief Inspector of Weights and Measures was appointed in the department of the Clerk of the County Council and the results of the analyses as shown in the following tables have been provided by the Chief Inspector, Mr. William C. Harrison.

Samples were taken from a wide range of foods and drugs and the following table indicates the results :—

Year	Total number of samples taken	Number Adulterated	Number Inferior	False Description
1948	763	13	26	—
1949	761	7	25	1
1950	797	4	22	—

The following tables show the number and type of samples taken during each of the three years which were found to be adulterated or inferior :—

### 1948.

Type of sample	No. of samples taken	No. adulterated.	No. inferior.	False description
Milk .. ..	365	13	25	—
Almond substitute ..	1	—	1	—

1949.

Type of sample	No. of samples taken	No. adulterated	No. inferior	False description
Milk .. ..	339	5	14	—
Beef sausage meat .. ..	8	—	2	—
Pork sausage meat .. ..	2	—	1	—
Sausage meat .. ..	7	—	3	—
Sausages .. ..	4	—	3	—
Brawn .. ..	5	1	—	—
Plum jam .. ..	2	—	2	—
Honey crunch bar .. ..	1	—	—	1
Whiskey .. ..	2	1	—	—

1950.

Type of sample	No. of samples taken	No. adulterated	No. inferior	False description
Milk .. ..	360	3	18	—
Pork sausage .. ..	14	—	2	—
Lemon cheese .. ..	2	—	1	—
Sage .. ..	3	1	—	—
Ground almond substitute	1	—	1	—

### Food Poisoning and Contamination.

The County Health Inspectors were authorised by resolution of the Health Committee on the 2nd January, 1950, to carry out duties under the Food and Drugs Act, 1938, relating to food poisoning, contamination of food, unsound food and precautions against contamination of food. From time to time these powers are used in the investigation of outbreaks of alleged food poisoning and allied conditions. These inspectors also investigate cases referred to them by the Education Department where sickness is alleged to follow the consumption of school milk or school meals. No outbreak of food poisoning was attributable to these sources during the three years under review.

### Food Poisoning—Notifications.

Tables No. 7 for 1949 and 1950 show the position in the Riding as regards the receipt of notifications of food poisoning by the medical officers of health of the several sanitary districts.

Against the Masham Rural District a figure of 43 notifications appears in Table No. 7 (1950). These were received in the county health department in one batch on the same day and telephone enquiries were made from which it was apparent that the patients concerned had suffered from a mild degree of gastro-enteritis and that no bacteriological examinations had been carried out in this group. Formal requests for a copy of any special report made to

the Masham Rural District Council by the part-time medical officer of health has not elicited any reply. It is not at all clear that this outbreak can properly be attributed to food poisoning as defined by Section 18 of the Food and Drugs Act, 1938, as there was a generalised epidemic of gastro-enteritis of a mild influenzal type in the Riding about that time.

### Milk Supplies—Control and Supervision.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936-1948.

The above Regulations governed the production of "tuberculin tested" and "accredited" milk until the 30th September, 1949, when they were superseded by the Milk (Special Designation) (Raw Milk) Regulations, 1949, made under the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949. The new Regulations transferred the supervision and control of special designated milk production from the County Council to the Ministry of Agriculture and Fisheries, and became effective from the 1st October, 1949.

In consequence of these legislative and administrative changes, the following statistical data covers the year 1948 and the nine months ended the 30th September, 1949.

For the purpose of comparison, figures showing the number of licences in operation at the end of each licensing period during the quinquennium are as follows :—

	1945	1946	1947	1948	1949
"Tuberculin Tested" ..	167	197	231	287	345
"Accredited" ..	191	192	177	156	139
	358	389	408	443	484

The trend towards "tuberculin tested" milk production in the Riding had been gathering momentum for a number of years and the annual decrease in the number of "accredited" milk producers was largely due to transfers from this class of milk to "tuberculin tested" milk production.

Sampling of all special designated milk supplies was carried out at three monthly intervals by the county health inspectors, repeat samples being taken when initial samples were unsatisfactory. More frequent samples were taken in special cases, for example on receipt of complaints.

In the following statistical tables, the results of samples taken are enumerated under the headings of "summer standard" and "winter standard" to differentiate between the varying conditions under which the test is carried out between the 1st May and the 31st October, when decolourisation must not take place within  $4\frac{1}{2}$  hours, and between the 1st November and the 30th April, when this time is increased to  $5\frac{1}{2}$  hours.

	31/12/48.	30/9/49.
Total No. of samples taken .. ..	1,493	1,351
Total No. of tests carried out on samples ..	2,228	2,051
Total No. of samples failing methylene-blue reduction test .. ..	237	244
Total No. of samples failing coliform test ..	134	223



1948.

Type of Milk	Summer Standard				Winter Standard			
	Meth : Blue		Coliform		Meth : Blue		Coliform	
	Passed	Failed	Passed	Failed	Passed	Failed	Passed	Failed
Tuberculin Tested	340 80.8%	81 19.2%	206 82.1%	45 17.9%	353 90.1%	39 9.9%	207 94.1%	13 5.9%
Accredited ..	212 75.4%	69 24.6%	136 73.5%	49 26.5%	265 84.7%	48 15.3%	138 83.6%	27 16.4%
Total ..	552	150	342	94	618	87	345	40

1949.

Type of Milk	Summer Standard				Winter Standard			
	Meth : Blue		Coliform		Meth : Blue		Coliform	
	Passed	Failed	Passed	Failed	Passed	Failed	Passed	Failed
Tuberculin Tested	385 75.9%	122 24.1%	172 61.9%	106 38.1%	293 90.4%	31 9.6%	204 89.9%	23 10.1%
Accredited ..	172 75.1%	57 24.9%	71 50.4%	70 49.6%	168 83.2%	34 16.8%	119 83.2%	24 16.8%
Total	557	179	243	176	461	65	323	47

The services of the county health inspectors were available to advise and assist producers when requested, particularly in connection with the causes of sample failures. Action by the Health Committee to suspend or revoke licences was restricted to producers with persistent sample failures where it was considered that such failures could be attributed to culpable negligence. Two "tuberculin tested" licences were suspended in 1948 and 1 in 1949. Two "accredited" licences were suspended in 1948, 1 in 1949, and two licences were revoked in 1948.

On the whole producers co-operated well with the county health inspectors ; this is reflected in the small number of producers with three successive sample failures which it was found necessary to bring to the notice of the Health Committee.

# NEW LEGISLATION FOR THE CONTROL AND SUPERVISION OF MILK PRODUCTION ENACTED DURING THE PERIOD UNDER REVIEW.

MILK (SPECIAL DESIGNATIONS) ACT, 1949. (SUBSEQUENTLY REPEALED BY THE FOOD AND DRUGS (MILK, DAIRIES AND ARTIFICIAL CREAM) ACT, 1950).

These two Acts were of major importance from a health standpoint as they empowered the Minister of Food to specify areas in which the use of a special designation was obligatory for the purpose of all sales of milk by retail for human consumption. They provided for the exclusion of the special designation "Accredited" after a period of five years. The ultimate disappearance of the special designation "Accredited" gives cause for satisfaction as this designation, originally intended to promote clean milk production as distinct from "safe" milk production has now served its purpose, *i.e.*, improvement of buildings and methods of production as a pre-requisite to "Tuberculin Tested" milk production from healthy animals. The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, prohibits '*inter alia*' the sale of tuberculous milk or the milk from any cow suffering from the diseases specified in the Act and imposes the duty of enforcing such prohibitions on the County Council.

## MILK AND DAIRIES REGULATIONS, 1949.

Under these Regulations the Ministry of Agriculture and Fisheries became responsible for the registration of all milk producers and for the enforcement of conditions under which milk is produced. Part VII of the Regulations relating to the infection of milk is the most important from a health-standpoint, powers for the prevention and control of infection being retained by the local authorities through their medical officer of health.

## MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949.

These Regulations provide for the control and supervision of special designated milk other than heat-treated milk, and as previously stated, transfer the responsibility for registration, etc., to the Ministry of Agriculture and Fisheries, except in respect of dealers' licences.

## MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

Defence Regulation 55G was revoked by the Milk (Special Designations) Act, 1949. The County Council as Food and Drugs Authority for the major part of their area, were not the licensing authority under Regulation 55G, but were responsible for the sampling of milk from heat-treatment plants. The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, which became operative from the 1st October, 1949, transferred the responsibility for licensing, supervision and control to the County Council. The functions under the Regulations exercised by the licensing authority may be briefly summarised as follows :—

- (a) to satisfy themselves prior to granting a licence that the arrangements for handling, storage, treatment and distribution of the milk comply with the Regulations and schedules thereto ;
- (b) to ensure that the holder of a licence maintains and operates his plant and processes for handling, treatment, etc., in compliance with the Regulations.



A brief resumé of the conditions laid down by the Regulations relating to premises and plant is as follows :—

(i) *Premises.*

Standards for dairy premises are correlated to those laid down in the Milk and Dairies Regulations, 1949, in which special reference is made to the need for impervious floors and adequate drainage, smooth impervious wall surfaces, adequate lighting, adequate ventilation, provision of pure water supplies and facilities for washing, and the prevention of contamination of milk due to siting of premises in unsuitable positions.

(ii) *Plant.—for milk pasteurisation.*

Two types of plant are permitted, namely,

- (a) the holder type in which the milk is retained at a temperature of not less than 145°F and not more than 150°F for at least thirty minutes, and immediately cooled to a temperature of not more than 50°F. ; and
- (b) the high temperature short-time type (H.T.S.T.) in which the milk is retained at a temperature of not less than 161°F for at least fifteen seconds and immediately cooled to a temperature of not more than 50°F.

(iii) *Sampling and testing.—Pasteurised milk.*

The phosphatase and methylene blue reduction tests are prescribed for pasteurised milk.

Six pasteurising plants have been in operation throughout the greater part of the period under review and on the 31st December, 1950, seven plants were licensed—2 H.T.S.T. and 5 Holder type plants.

In May, 1950, the Health Committee approved the following conditions for licensing, supervision and control of pasteurising plants :—

- (1) Prior to licensing, two visits of inspection to be made by the county health inspectors (a) to observe the plant in operation, and (b) to inspect the facilities for sterilisation of the plant and check thermometers.
- (2) Two samples of pasteurised milk must pass the prescribed tests before a licence is granted.
- (3) Regular samples to be taken at the processing dairy, one sample being obtained weekly from each plant, except in the case of failure when additional samples must be obtained.
- (4) Fortnightly visits of inspection of plant and premises to be made, at which recording and indicating thermometers would be checked.

Towards the end of the same year, a further condition for licensing was imposed, this required the provision of a recording thermometer on the cooling side of the plant to record the temperature to which milk is cooled immediately after pasteurisation.



The above conditions have been implemented in respect of the plants in operation and a tabular summary of visits of inspection and sample results between the period 1st October, 1949 and the 31st December, 1950, is given below :—

No. of Inspections	No. of Samples taken	Methylene-blue test		Phosphatase test		Biological examination	
		Passed	Failed	Passed	Failed	Negative	Positive
167	304	301	1	300	4	21	—

NOTE : Two samples were not submitted to the Methylene-blue test owing to atmospheric shade temperature being above 65°F.

#### SCHOOL MILK SUPPLIES.

The provision of suitable school milk supplies is paradoxically more difficult in the rural areas forming the major part of the Riding than in the populous urban areas, but with the increase in tuberculin tested milk production and the introduction of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, some improvement in the “safety” factor of the supplies from a health standpoint appeared possible. A report submitted to the Health Committee in May, 1950, showed that non-designated raw milk accounted for 43% of the supplies and approval was given to the following measures for the improvement of supplies and regular supervision by the county health inspectors :—

- (1) Survey of existing supplies and substitution of “T.T.” or “Pasteurised” milk for non-designated raw milk where practicable.
- (2) Subject to laboratory facilities being available, samples to be taken as under :—

Grade of Milk		Frequency of Sampling	Frequency of Testing		
			Phosphatase	Methylene Blue	Biological
Tuberculin Tested	..	Six-monthly	—	—	Six-monthly
Pasteurised	..	quarterly	quarterly	quarterly	as required
Accredited	.. ..	quarterly	—	—	quarterly
Non-Designated	..	quarterly	—	—	quarterly

In pursuance of these measures 577 visits were made to schools and the undermentioned work was carried out between the period 1st June to 31st December, 1950 :—

- (a) the survey of supplies and substitution where necessary resulted in a decrease in the number of schools receiving non-designated raw milk supplies from 43% to 15.6%. A comparative statement of the grades of milk supplies on the 1st June and 31st December being as follows :—

		1/6/50.	31/12/50.
Pasteurised milk	.. ..	101	208
Tuberculin Tested milk	.. ..	82	96
Heat-treated milk	.. ..	19	—
Accredited	.. ..	21	3
Non-designated raw milk	.. ..	136	57
Dried milk	.. ..	15	10
		—	—
		374	374
		—	—

- (b) 264 samples of milk were taken during the period 1st June to 31st December, 1950, an analysis of the results of sample tests and biological examinations is given in the following table :—

Grade	No. taken	Methylene Blue Reduction test		Phosphatase test		Biological examination	
		Passed	Failed	Passed	Failed	Negative	Remarks
Pasteurised ..	147	126	18	137	7	16	3 samples not tested
Tuberculin Tested	26	—	—	—	—	25	1 guinea pig died
Accredited ..	2	—	—	—	—	2	—
Non- Designated	89	—	—	—	—	81	8 samples not tested

NOTE : The various reasons for some samples listed above not having been tested are Atmospheric shade temperature above 65°F, souring of milk and death of guinea-pig before completion of biological examination.

The need for safe milk supplies to schools and the maintenance of strict supervision and sampling has been emphasised by the Medical Research Council in a recent survey of the age incidence of non-pulmonary tuberculosis. Whereas formerly the maximum incidence occurred between birth and 5 years of age, this has now been changed to the 5-10 years age group with a correspondingly higher incidence than formerly in the 10-15 years age group. It is significant that this change has occurred following increased consumption

of liquid milk and the growth of the milk in schools scheme throughout the country ; in the early stage this resulted in many more children of school age being brought into possible contact with the bovine tubercle bacillus. At least one instance coincidental or otherwise, has occurred in the Riding in which the incidence of adenitis in a school was reduced to normal following the substitution of pasteurised milk for a non-designated raw milk supply.

Examination for the presence of tubercle bacilli in milk has been severely restricted by available laboratory facilities which have, for reasons beyond the control of the Medical Research Council been inadequate. Attention has therefore been directed to the sampling of school milks for biological examination, this being milk consumed by the most susceptible age group.

#### MILK SUPPLIES PRODUCED ON MINISTRY OF HEALTH HOSPITAL DAIRY FARMS. ,

At the request of the Ministry of Health samples have been taken from milk produced on hospital dairy farms in the Riding , as follows :—

York ' A ' and Tadcaster Group Hospital Management			
Committee farm at Fairfield Sanatorium	..	..	15
York ' B ' Group Hospital Management Committee farm at			
Clifton Mental Hospital	..	..	15
			—
			30
			—



TABLE 1.

Number of Births in each District during 1948.

DISTRICT.	Estimated population for birth-rate, 1948.	Total live births.	Illegiti- mate live. births.	Birth- rate per 1,000 popu- lation.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 popu- lation.
A.—URBAN						
1. Eston .. ..	32,540	777	40	23.9	414	12.7
2. Guisborough ..	8,390	143	7	17.0	47	5.6
3. Loftus .. ..	7,240	134	8	18.5	72	9.9
4. Malton .. ..	4,319	76	8	17.6	18	4.2
5. Northallerton ..	5,498	115	8	20.9	60	10.9
6. Pickering .. ..	4,010	68	5	17.0	6	1.5
7. Redcar .. ..	27,100	512	19	18.9	208	7.7
8. Richmond .. ..	5,410	130	16	24.0	71	13.1
9. Saltburn and Marske	7,960	170	6	21.4	60	7.5
10. Scalby .. ..	5,683	84	..	14.8	12	2.1
11. Scarborough ..	44,870	711	59	15.8	86	1.9
12. Skelton and Brotton	12,770	270	16	21.1	113	8.8
13. Thornaby-on-Tees	22,850	509	24	22.3	264	11.6
14. Whitby .. ..	11,910	219	10	18.4	69	5.8
Total Urban ..	200,550	3,918	226	19.5	1,500	7.5
B.—RURAL.						
1. Aysgarth .. ..	3,623	69	6	19.0	21	5.8
2. Bedale .. ..	6,900	135	10	18.1	66	9.6
3. Croft .. ..	2,660	60	..	22.6	35	13.2
4. Easingwold .. ..	10,540	181	11	17.2	62	5.9
5. Flaxton .. ..	19,900	315	18	15.8	132	6.6
6. Helmsley .. ..	5,375	78	5	14.5	32	6.0
7. Kirbymoorside ..	4,615	71	6	15.4	15	3.3
8. Leyburn .. ..	6,413	106	6	16.5	38	5.9
9. Malton .. ..	6,161	93	6	15.1	26	4.2
10. Masham .. ..	1,704	20	..	11.7	2	1.2
11. Northallerton ..	8,052	142	5	17.6	41	5.1
12. Pickering .. ..	5,292	88	9	16.6	6	1.1
13. Reeth .. ..	2,098	23	1	11.0	—10	..
14. Richmond .. ..	13,440	404	9	30.1	268	19.9
15. Scarborough ..	7,587	127	5	16.7	40	5.3
16. Startforth .. ..	4,043	85	3	21.0	31	7.7
17. Stokesley .. ..	17,220	290	12	16.8	86	5.0
18. Thirsk .. ..	12,380	241	18	19.5	82	6.6
19. Wath .. ..	2,130	44	1	20.7	24	11.3
20. Whitby .. ..	11,800	170	8	14.4	2	.2
Total Rural ..	151,933	2,742	139	18.0	999	6.6
Administrative County..	352,483	6,660	365	18.9	2,499	7.1

TABLE 1.

Number of Births in each District during 1949.

DISTRICT.	Estimated population for birth-rate, 1949.	Total live births.	Illegiti- mate live. births.	Birth- rate per 1,000 popu- lation.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 popu- lation.
<b>A.—URBAN.</b>						
1. Eston .. ..	33,060	762	38	23.0	377	11.4
2. Guisborough ..	8,700	144	4	16.6	46	5.3
3. Loftus .. ..	7,319	137	7	18.7	43	5.9
4. Malton .. ..	4,627	71	7	15.3	17	3.7
5. Northallerton ..	5,782	112	7	19.4	37	6.4
6. Pickering ..	4,305	60	6	13.9	—3	..
7. Redcar .. ..	27,310	447	15	16.4	106	3.9
8. Richmond ..	5,640	122	10	21.6	69	12.2
9. Saltburn and Marske	8,061	146	5	18.1	25	3.1
10. Scalby .. ..	6,120	78	1	12.7	1	.2
11. Scarborough ..	43,810	631	56	14.4	—58	..
12. Skelton and Brotton	12,880	257	12	20.0	78	6.1
13. Thornaby-on-Tees	22,990	538	18	23.4	282	12.3
14. Whitby .. ..	11,880	188	8	15.8	28	2.4
Total Urban ..	202,484	3,693	194	18.2	1,048	5.2
<b>B.—RURAL.</b>						
1. Aysgarth .. ..	3,614	63	4	17.4	2	.6
2. Bedale .. ..	6,858	129	8	18.8	39	5.7
3. Croft .. ..	2,680	76	5	28.4	47	17.5
4. Easingwold ..	10,940	202	13	18.5	70	6.4
5. Flaxton .. ..	19,500	305	15	15.6	111	5.7
6. Helmsley .. ..	5,334	76	6	14.2	14	2.6
7. Kirbymoorside ..	4,515	78	4	17.3	2	.4
8. Leyburn .. ..	6,390	113	3	17.7	41	6.4
9. Malton .. ..	5,750	96	3	16.7	27	4.7
10. Masham .. ..	1,721	21	2	12.2	—3	..
11. Northallerton ..	8,238	149	8	18.1	58	7.0
12. Pickering .. ..	5,030	76	8	15.1	4	.8
13. Reeth .. ..	2,103	22	2	10.5	—8	..
14. Richmond .. ..	13,500	445	13	33.0	327	24.2
15. Scarborough ..	7,470	109	5	14.6	—5	..
16. Startforth .. ..	3,920	71	4	18.1	23	5.9
17. Stokesley .. ..	17,420	283	13	16.2	62	3.6
18. Thirsk .. ..	12,500	209	11	16.7	50	4.0
19. Wath .. ..	2,040	29	..	14.2	4	2.0
20. Whitby .. ..	11,780	162	4	13.8	26	2.2
Total Rural ..	151,303	2,714	131	17.9	891	5.9
Administrative County ..	353,787	6,407	325	18.1	1,939	5.5

TABLE 1.

Number of Births in each District during 1950.

DISTRICT.	Estimated mid-year home population 1950.	Total live births.	Illegiti- mate live. births.	Birth- rate per 1,000 popu- lation.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 popu- lation.
A.—URBAN.						
1. Eston .. ..	33,440	717	27	21.4	380	11.4
2. Guisborough ..	8,795	188	10	21.4	61	6.9
3. Loftus .. ..	7,454	114	4	15.3	26	3.5
4. Malton .. ..	4,369	53	5	12.1	—3	..
5. Northallerton ..	5,750	110	1	19.1	38	6.6
6. Pickering ..	4,344	58	3	13.4	—9	..
7. Redcar .. ..	27,500	440	14	16.0	105	3.8
8. Richmond ..	5,829	118	10	20.2	54	9.3
9. Saltburn and Marske	8,262	148	5	17.9	21	2.5
10. Scalby .. ..	6,351	80	4	12.6	—18	..
11. Scarborough ..	43,970	620	46	14.1	—60	..
12. Skelton and Brotton	13,000	211	3	16.2	52	4.0
13. Thornaby-on-Tees	23,490	477	13	20.3	195	8.3
14. Whitby .. ..	11,770	166	4	14.1	—6	..
Total Urban ..	204,324	3,500	149	17.1	836	4.1
B.—Rural.						
1. Aysgarth ..	3,573	43	1	12.0	—8	..
2. Bedale .. ..	7,320	114	7	15.6	—7	..
3. Croft .. ..	2,660	53	6	19.9	25	9.4
4. Easingwold ..	11,810	183	13	15.5	54	4.6
5. Flaxton .. ..	20,380	280	7	13.7	100	4.9
6. Helmsley ..	5,345	75	3	14.0	16	3.0
7. Kirbymoorside ..	4,590	60	1	13.1	4	.9
8. Leyburn ..	6,429	111	9	17.3	45	7.0
9. Malton .. ..	5,761	81	2	14.1	7	1.2
10. Masham ..	1,696	24	2	14.2	—5	..
11. Northallerton ..	8,550	128	2	15.0	30	3.5
12. Pickering ..	5,056	69	7	13.6	..	..
13. Reeth .. ..	2,066	21	..	10.2	—4	..
14. Richmond ..	28,090	461	16	16.4	321	11.4
15. Scarborough ..	7,749	102	4	13.2	—5	..
16. Startforth ..	4,047	68	4	16.8	7	1.7
17. Stokesley ..	18,290	297	12	16.2	96	5.2
18. Thirsk .. ..	13,580	183	8	13.5	30	2.2
19. Wath .. ..	2,841	46	1	16.2	21	7.4
20. Whitby .. ..	12,020	174	16	14.5	—8	..
Total Rural ..	171,853	2,573	121	15.0	719	4.2
Administrative County ..	376,177	6,073	270	16.1	1,555	4.1



TABLE 2.

Number of Deaths in each District during 1948.

DISTRICT.	Estimated population for death-rate, 1948	Total deaths.	Death-rate per 1,000 population.	Deaths under 1 year.	Total infantile mortality per 1,000 live births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate live births.
A.—URBAN.							
1. Eston ..	32,540	363	11.2	35	45.0	2	50.0
2. Guisborough ..	8,390	96	11.4	7	49.0	1	142.9
3. Loftus ..	7,240	62	8.6	2	14.9	..	..
4. Malton ..	4,319	58	13.4	1	13.2	1	125.0
5. Northallerton ..	5,498	55	10.0	3	26.1	..	..
6. Pickering ..	4,010	62	15.5	2	29.4	..	..
7. Redcar ..	27,100	304	11.2	17	33.2	..	..
8. Richmond ..	5,410	59	10.9	6	46.2	..	..
9. Saltburn and Marske	7,960	110	13.8	9	52.9	..	..
10. Scalby ..	5,683	72	12.7	3	35.7	..	..
11. Scarborough ..	44,870	625	13.9	24	33.8	3	50.8
12. Skelton & Brotton ..	12,770	157	12.3	9	33.3	2	125.0
13. Thornaby-on-Tees ..	22,850	245	10.7	28	55.0	2	83.3
14. Whitby ..	11,910	150	12.6	6	27.4	..	..
Total Urban ..	200,550	2,418	12.1	152	38.8	11	48.7
B.—RURAL.							
1. Aysgarth ..	3,623	48	13.2	6	87.0	2	333.3
2. Bedale ..	6,900	69	10.0	2	14.8	..	..
3. Croft ..	2,660	25	9.4	5	83.3	..	..
4. Easingwold ..	10,540	119	11.3	6	33.1	..	..
5. Flaxton ..	19,900	183	9.2	11	34.9	1	55.6
6. Helmsley ..	5,375	46	8.6	..	..	..	..
7. Kirbymoorside ..	4,615	56	12.1	2	28.2	..	..
8. Leyburn ..	6,413	68	10.6	3	28.3	..	..
9. Malton ..	6,161	67	10.9	4	43.0	..	..
10. Masham ..	1,704	18	10.6	..	..	..	..
11. Northallerton ..	8,052	101	12.5	8	56.3	..	..
12. Pickering ..	5,292	82	15.5	..	..	..	..
13. Reeth ..	2,098	33	15.7	..	..	..	..
14. Richmond ..	13,440	136	10.1	16	39.6	2	222.2
15. Scarborough ..	7,587	87	11.5	1	7.9	..	..
16. Startforth ..	4,043	54	13.4	4	47.1	..	..
17. Stokesley ..	17,220	204	11.8	13	44.8	2	166.7
18. Thirsk ..	12,380	159	12.8	9	37.3	1	55.6
19. Wath ..	2,130	20	9.4	2	45.5	1	1000.0
20. Whitby ..	11,800	168	14.2	10	58.8	2	250.0
Total Rural ..	151,933	1,743	11.5	102	37.2	11	79.1
Administrative County ..	352,483	4,161	11.8	254	38.1	22	60.3

TABLE 2.

Number of Deaths in each District during 1949.

DISTRICT.	Estimated population for death-rate, 1949	Total deaths.	Death-rate per 1,000 population.	Deaths under 1 year.	Total infantile mortality per 1,000 live births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate live births.
<b>A.—URBAN.</b>							
1. Eston .. ..	33,060	385	11.6	42	55.1	3	78.9
2. Guisborough ..	8,700	98	11.3	3	20.8	..	..
3. Loftus .. ..	7,319	94	12.8	6	43.8	..	..
4. Malton .. ..	4,627	54	11.7	2	28.2	1	142.9
5. Northallerton ..	5,782	75	13.0	1	8.9	..	..
6. Pickering .. ..	4,305	63	14.6	2	33.3	1	166.7
7. Redcar .. ..	27,310	341	12.5	14	31.3	..	..
8. Richmond .. ..	5,640	53	9.4	5	41.0	..	..
9. Saltburn and Marske	8,061	121	15.0	9	61.6	1	200.0
10. Scalby .. ..	6,120	77	12.6	1	12.8	..	..
11. Scarborough ..	43,810	689	15.7	31	49.1	4	71.4
12. Skelton & Brotton ..	12,880	179	13.9	15	58.4	1	83.3
13. Thornaby-on-Tees ..	22,990	256	11.1	18	33.5	..	..
14. Whitby .. ..	11,880	160	13.5	5	26.6	..	..
Total Urban ..	202,484	2,645	13.1	154	41.7	11	56.7
<b>B.—RURAL.</b>							
1. Aysgarth .. ..	3,614	61	16.9	1	15.9	..	..
2. Bedale .. ..	6,858	90	13.1	4	31.0	..	..
3. Croft .. ..	2,680	29	10.8	4	52.6	..	..
4. Easingwold .. ..	10,940	132	12.1	3	14.9	..	..
5. Flaxton .. ..	19,500	194	9.9	17	55.7	2	133.3
6. Helmsley .. ..	5,334	62	11.6	..	..	..	..
7. Kirbymoorside ..	4,515	76	16.8	1	12.8	..	..
8. Leyburn .. ..	6,390	72	11.3	4	35.4	1	333.3
9. Malton .. ..	5,750	69	12.0	..	..	..	..
10. Masham .. ..	1,721	24	13.9	2	95.2	1	500.0
11. Northallerton ..	8,238	91	11.0	5	33.6	..	..
12. Pickering .. ..	5,030	72	14.3	3	39.5	..	..
13. Reeth .. ..	2,103	30	14.3	1	45.5	..	..
14. Richmond .. ..	13,500	118	8.7	16	36.0	..	..
15. Scarborough ..	7,470	114	15.3	8	73.4	..	..
16. Startforth .. ..	3,920	48	12.2	1	14.1	..	..
17. Stokesley .. ..	17,420	221	12.7	8	28.3	1	76.9
18. Thirsk .. ..	12,500	159	12.7	15	71.8	1	90.9
19. Wath .. ..	2,040	25	12.3	..	..	..	..
20. Whitby .. ..	11,780	136	11.5	5	30.9	..	..
Total Rural ..	151,303	1,823	12.0	98	36.1	6	45.8
Administrative County ..	353,787	4,468	12.6	252	39.3	17	52.3

TABLE No. 2.

Number of Deaths in each District during 1950.

DISTRICT.	Estimated mid year home population, 1950	Total deaths.	Death-rate per 1,000 population.	Deaths under 1 year.	Total infantile mortality per 1,000 live births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate live births.
A.—URBAN.							
1. Eston ..	33,440	337	10.1	23	32.1	1	37.0
2. Guisborough ..	8,795	127	14.4	9	47.9	..	..
3. Loftus ..	7,454	88	11.8	3	26.3	1	250.0
4. Malton ..	4,369	56	12.8	..	..	..	..
5. Northallerton ..	5,750	72	12.5	3	27.3	..	..
6. Pickering ..	4,344	67	15.4	5	86.2	1	333.3
7. Redcar ..	27,500	335	12.2	15	34.1	..	..
8. Richmond ..	5,829	64	11.0	2	16.9	1	90.0
9. Saltburn and Marske ..	8,262	127	15.4	9	60.8	..	..
10. Scalby ..	6,351	98	15.4	3	37.5	..	..
11. Scarborough ..	43,970	680	15.5	11	17.7	..	..
12. Skelton & Brotton ..	13,000	159	12.2	11	52.1	..	..
13. Thornaby-on-Tees ..	23,490	282	12.0	27	56.6	1	76.9
14. Whitby ..	11,770	172	14.6	5	30.1	..	..
Total Urban ..	204,324	2,664	13.0	126	36.0	5	33.6
B.—RURAL							
1. Aysgarth ..	3,573	51	14.3	..	..	..	..
2. Bedale ..	7,320	121	16.5	6	52.6	..	..
3. Croft ..	2,660	28	10.5	2	37.7	2	333.3
4. Easingwold ..	11,810	129	10.9	4	21.9	1	76.9
5. Flaxton ..	20,380	180	8.8	5	17.9	..	..
6. Helmsley ..	5,345	59	11.0	1	13.3	..	..
7. Kirbymoorside ..	4,590	56	12.2	2	33.3	..	..
8. Leyburn ..	6,429	66	10.3	4	36.0	1	111.1
9. Malton ..	5,761	74	12.8	1	12.3	..	..
10. Masham ..	1,696	29	17.1	2	83.3	..	..
11. Northallerton ..	8,550	98	11.5	6	46.9	..	..
12. Pickering ..	5,056	69	13.6	5	72.5	..	..
13. Reeth ..	2,066	25	12.1	..	..	..	..
14. Richmond ..	28,090	140	5.0	18	39.0	..	..
15. Scarborough ..	7,749	107	13.8	3	29.4	..	..
16. Startforth ..	4,047	61	15.1	3	44.1	..	..
17. Stokesley ..	18,290	201	11.0	7	23.6	..	..
18. Thirsk ..	13,580	153	11.3	9	49.2	..	..
19. Wath ..	2,841	25	8.8	4	87.0	..	..
20. Whitby ..	12,020	182	15.1	6	34.5	1	62.5
Total Rural ..	171,853	1,854	10.8	88	34.2	5	41.3
Administrative County ..	376,177	4,518	12.0	214	35.2	10	37.0



TABLE 3.

Deaths according to Age-Groups, 1948.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.						
		All Ages	0-	1-	5-	15-	45-	65-	All Ages	0-	1-	5-	15-	45-	65-
ALL CAUSES ..	M	1250	84	16	11	105	326	708	893	65	13	12	52	196	555
	F	1168	68	14	7	72	255	752	850	37	8	3	67	177	558
1 Typhoid and paratyphoid fevers	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 Cerebro-spinal fever ..	M	1	..	1	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 Scarlet fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 Whooping cough	M	2	1	1	..	..	..	..	1	1	..	..	..	..	..
	F	..	..	..	..	..	..	..	1	..	1	..	..	..	..
5 Diphtheria ..	M	..	..	..	..	..	..	..	1	..	1	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 Tuberculosis of respiratory system	M	50	..	1	..	26	20	3	24	..	..	..	14	6	4
	F	28	..	..	..	21	5	2	22	..	..	..	18	4	..
7 Other forms of tuberculosis	M	6	..	..	2	1	2	1	7	1	..	2	2	2	..
	F	9	1	3	1	4	..	..	3	..	1	..	1	1	..
8 Syphilitic diseases ..	M	3	..	..	..	..	1	2	2	..	..	..	..	1	1
	F	5	1	..	..	..	3	1	1	..	..	..	..	..	1
9 Influenza .. ..	M	7	3	..	..	2	1	1	3	..	..	..	..	1	2
	F	1	..	..	..	..	1	..	1	..	..	..	..	..	1
10 Measles .. ..	M	1	..	1	..	..	..	..	..	..	..	..	..	..	..
	F	1	..	1	..	..	..	..	1	..	1	..	..	..	..
11 Acute poliomyelitis and polioencephalitis	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	1	..	..	..	1	..	..
12 Acute infectious encephalitis	M	1	..	..	..	..	..	1	1	..	..	..	..	1	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13 Cancer of buccal cavity and oesophagus (M) ; uterus (F)	M	25	..	..	..	..	6	19	13	..	..	..	..	2	11
	F	31	..	..	..	..	19	12	17	..	..	..	2	9	6
14 Cancer of Stomach and duodenum	M	37	..	..	..	1	18	18	28	..	..	..	..	11	17
	F	21	..	..	..	1	7	13	25	..	..	..	..	6	19
15 Cancer of breast ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	28	..	..	..	..	15	13	24	..	..	..	1	14	9
16 Cancer of all other sites	M	136	..	..	..	5	52	79	78	..	..	..	8	25	45
	F	95	..	2	..	5	36	52	66	..	..	..	5	19	42
17 Diabetes .. ..	M	5	..	..	..	..	1	4	6	..	..	..	1	1	4
	F	13	..	..	..	1	4	8	6	..	..	..	..	1	5
18 Intra-cranial vascular lesions	M	121	..	..	..	3	27	91	115	..	..	..	..	19	96
	F	161	..	..	..	1	31	129	126	1	..	..	..	29	96
19 Heart diseases ..	M	404	..	..	..	15	88	301	273	..	..	..	6	46	221
	F	404	..	..	2	10	62	330	270	..	..	..	8	46	216
20 Other diseases of the circulatory system	M	53	..	..	..	..	10	43	33	..	..	..	..	5	28
	F	47	..	..	..	..	7	40	39	..	..	..	..	..	39
21 Bronchitis .. ..	M	77	8	..	..	3	29	37	32	3	..	..	1	10	18
	F	55	6	1	..	2	9	37	28	..	..	..	1	1	26
22 Pneumonia .. ..	M	53	16	2	1	5	7	22	35	5	4	1	..	8	17
	F	43	11	3	..	5	6	18	28	9	..	..	3	6	10
23 Other respiratory diseases	M	10	..	..	..	1	6	3	12	..	..	..	1	5	6
	F	10	..	..	..	1	6	3	8	..	..	..	3	4	1
24 Ulcer of stomach or duodenum	M	15	..	..	..	3	8	4	6	..	..	..	..	4	2
	F	8	..	..	..	2	1	5	5	..	..	..	..	4	1
25 Diarrhoea under 2 years	M	8	8	..	..	..	..	..	..	..	..	..	..	..	..
	F	4	4	..	..	..	..	..	1	1	..	..	..	..	..
26 Apper-dicitis ..	M	2	..	..	1	..	..	1	6	..	..	1	2	3	..
	F	3	..	..	..	1	..	2	3	..	..	..	..	2	1
27 Other digestive diseases	M	15	1	..	..	..	7	7	11	2	..	..	..	6	3
	F	33	3	1	..	2	9	18	21	..	1	..	1	5	14

Table 3—continued.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.						
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
28 Nephritis ..	M	39	..	..	..	6	10	23	23	..	..	..	1	6	16
	F	30	..	..	1	2	7	20	27	..	..	..	2	4	21
29 Puerperal and post-abortive sepsis	F	1	..	..	..	1	..	..	..	..	..	..	..	..	..
30 Other maternal causes ..	F	2	..	..	..	2	..	..	7	..	..	..	6	1	..
31 Premature birth ..	M	23	23	..	..	..	..	..	23	23	..	..	..	..	..
	F	18	18	..	..	..	..	..	10	10	..	..	..	..	..
32 Congenital malformations, birth injury, infantile disease	M	23	18	3	1	..	..	1	28	25	1	1	1	..	..
	F	23	21	..	..	2	..	..	9	9	..	..	..	..	..
33 Suicide .. ..	M	6	..	..	..	1	2	3	11	..	..	..	3	5	3
	F	9	..	..	..	3	3	3	5	..	..	..	1	3	1
34 Road Traffic accidents	M	17	..	3	2	8	2	2	11	..	..	2	2	4	3
	F	5	..	2	1	..	1	1	4	..	..	2	1	..	1
35 Other violent causes ..	M	31	1	2	2	12	10	4	27	2	2	3	4	7	9
	F	15	2	..	1	1	4	7	17	6	2	..	2	1	6
36 All other causes ..	M	79	5	2	2	13	19	38	83	3	5	2	6	18	49
	F	65	1	1	1	5	19	38	74	1	2	1	11	17	42



TABLE 3.

Deaths according to Age-Groups, 1949.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.						
		All Ages	0-	1-	5-	15-	45-	65-	All Ages	0-	1-	5-	15-	45-	65-
ALL CAUSES ..	M	1314	99	11	9	103	320	772	931	62	10	3	67	183	606
	F	1331	55	18	11	83	253	911	892	36	6	6	55	162	627
1 Typhoid and paratyphoid fevers	M	1	..	1	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 Cerebro-spinal fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 Scarlet fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 Whooping cough ..	M	..	..	..	..	..	..	..	1	1	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 Diphtheria ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	1	..	1	..	..	..	..
6 Tuberculosis of respiratory system ..	M	53	..	..	..	24	21	8	18	..	..	..	8	10	..
	F	38	..	..	..	29	6	3	18	..	..	..	12	5	1
7 Other forms of tuberculosis	M	2	..	..	1	1	..	..	5	2	1	..	2	..	..
	F	10	..	2	5	3	..	..	3	..	..	..	1	2	..
8 Syphilitic diseases ..	M	4	..	..	..	..	2	2	2	..	..	..	..	2	..
	F	2	..	..	..	..	1	1	..	..	..	..	..	..	..
9 Influenza .. ..	M	9	1	..	..	..	4	4	10	..	..	..	..	2	8
	F	11	1	..	..	1	1	8	4	..	..	..	..	..	4
10 Measles .. ..	M	2	1	1	..	..	..	..	..	..	..	..	..	..	..
	F	2	1	1	..	..	..	..	..	..	..	..	..	..	..
11 Acute poliomyelitis and polioencephalitis	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	2	..	..	1	1	..	..
12 Acute infectious encephalitis	M	1	..	..	..	..	..	1	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13 Cancer of buccal cavity and oesophagus (M) ; uterus (F)	M	21	..	..	..	..	4	17	13	..	..	..	..	2	11
	F	29	..	..	..	2	19	8	10	..	..	..	2	6	2
14 Cancer of stomach and duodenum	M	49	..	..	..	2	16	31	25	..	..	..	1	10	14
	F	35	..	..	..	2	11	22	11	..	..	..	..	3	8
15 Cancer of breast ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	35	..	..	..	5	15	15	25	..	..	..	1	8	16
16 Cancer of all other sites	M	117	..	..	..	11	43	63	84	..	..	..	5	29	50
	F	104	..	..	1	5	36	62	75	..	..	..	1	30	44
17 Diabetes .. ..	M	4	..	..	..	..	1	3	10	..	..	..	..	2	8
	F	11	..	..	..	1	3	7	8	..	..	..	1	1	6
18 Intra-cranial vascular lesions	M	132	..	..	..	5	26	101	107	..	..	..	2	15	90
	F	179	..	..	..	3	28	148	148	..	..	..	3	27	118
19 Heart diseases ..	M	443	..	..	2	17	95	329	307	..	..	..	13	55	239
	F	493	..	..	1	10	64	418	286	..	..	..	4	27	255
20 Other diseases of the circulatory system ..	M	55	..	..	..	3	6	46	44	..	..	..	1	5	38
	F	51	..	..	..	..	6	45	59	..	..	..	2	6	51
21 Bronchitis .. ..	M	71	5	1	..	2	29	34	40	2	..	..	1	4	33
	F	51	2	2	..	3	6	38	20	1	..	..	1	1	17
22 Pneumonia .. ..	M	53	10	2	..	1	14	26	35	8	2	..	3	5	17
	F	42	10	2	1	1	9	19	26	5	1	..	2	2	16
23 Other respiratory diseases	M	15	..	..	..	1	7	7	10	2	..	..	3	1	4
	F	16	..	1	..	2	8	5	11	..	..	..	1	5	5
24 Ulcer of stomach or duodenum	M	10	..	..	..	1	7	2	9	..	..	..	2	4	3
	F	5	..	..	..	1	..	4	3	..	..	..	..	2	1
25 Diarrhoea under 2 years	M	12	11	1	..	..	..	..	1	1	..	..	..	..	..
	F	9	6	3	..	..	..	..	2	1	1	..	..	..	..
26 Appendicitis ..	M	4	..	..	1	1	1	1	1	..	..	..	..	..	1
	F	2	..	..	..	1	..	1	2	..	..	1	1	..	..
27 Other digestive diseases	M	19	..	1	..	..	8	10	18	1	..	..	1	4	12
	F	26	1	2	2	1	7	13	19	..	..	..	1	6	12



Table 3—continued.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.						
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
28 Nephritis .. ..	M	42	..	..	..	5	12	25	27	..	..	..	1	5	21
	F	46	..	1	..	2	13	30	31	..	..	..	5	8	18
29 Puerperal and post abortive sepsis	F	..	..	..	..	..	..	..	1	..	..	..	1	..	..
30 Other maternal causes ..	F	3	..	..	..	3	..	..	1	..	..	..	1	..	..
31 Premature birth ..	M	24	24	..	..	..	..	..	10	10	..	..	..	..	..
	F	10	10	..	..	..	..	..	13	13	..	..	..	..	..
32 Congenital malformations, birth injury, infantile disease	M	44	43	..	..	..	1	..	28	26	..	..	1	..	1
	F	18	17	..	..	..	..	1	16	12	..	1	1	2	..
33 Suicide .. ..	M	10	..	..	..	5	1	4	9	..	..	..	2	4	3
	F	5	..	..	..	1	4	..	5	..	..	..	2	1	2
34 Road Traffic accidents	M	11	..	..	1	7	..	3	22	..	3	1	11	4	3
	F	6	..	2	1	..	1	2	8	..	1	1	3	1	2
35 Other violent causes ..	M	28	3	3	2	6	8	6	18	5	2	1	6	2	2
	F	23	4	1	..	..	1	17	17	3	..	2	2	..	10
36 All other causes ..	M	78	1	1	2	11	14	49	77	4	2	1	4	18	48
	F	69	3	1	..	7	14	44	67	1	2	..	6	19	39

TABLE 3.

Deaths according to Age-Groups, 1950.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
ALL CAUSES	M	1345	75	9	11	22	75	348	373	432	979	54	4	5	23	64	200	270	359		
	F	1319	51	8	9	23	56	259	331	582	875	34	7	5	10	43	153	220	403		
1 Tuberculosis, respiratory	M	48	..	..	..	4	16	25	3	..	18	..	..	..	10	5	2	1			
	F	27	..	..	..	10	13	4	..	..	11	..	1	..	5	2	2	..			
2 Tuberculosis, other	M	2	..	2	..	..	..	..	..	..	4	1	..	..	1	1	..	..			
	F	4	1	..	..	..	..	2	1	..	3	..	..	1	..	..	2	..			
3 Syphilitic disease	M	6	1	..	..	..	..	3	2	..	2	..	..	..	..	1	..	1			
	F	9	..	..	..	..	1	3	3	2	1	..	..	..	..	1	..	..			
4 Diphtheria ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
5 Whooping cough	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
	F	6	2	4	..	..	..	..	..	..	1	..	1	..	..	..	..	..			
6 Meningococcal infections	M	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..			
	F	1	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..			
7 Acute poliomyelitis	M	3	..	..	1	1	1	..	..	..	2	..	..	1	..	1	..	..			
	F	1	..	..	..	..	1	..	..	..	2	..	..	..	2	..	..	..			
8 Measles ..	M	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
	F	1	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..			
9 Other infective and parasitic diseases	M	2	1	..	..	..	..	..	..	1	4	..	..	1	..	1	..	1			
	F	2	..	..	..	..	..	1	..	1	2	..	..	..	..	..	1	1			
10 Malignant neoplasm, stomach	M	31	..	..	..	..	1	12	11	7	30	..	..	..	..	1	8	11			
	F	28	..	..	..	..	2	7	12	7	19	..	..	..	..	..	8	6			
11 Malignant neoplasm, lung, bronchus	M	35	..	..	..	..	7	17	9	2	26	..	..	..	..	3	15	8			
	F	2	..	..	..	..	..	1	..	1	2	..	..	..	..	2	..	..			
12 Malignant neoplasm, breast	M	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..			
	F	17	..	..	..	..	1	12	1	3	28	..	..	..	..	3	8	10			
13 Malignant neoplasm, uterus	F	20	..	..	..	..	3	10	6	1	7	..	..	..	..	3	..	4			
14 Other malignant and lymphatic neoplasms	M	120	..	..	..	1	6	32	48	33	83	1	..	1	1	6	20	32			
	F	93	..	..	1	..	5	28	32	27	72	..	..	..	..	4	23	24			
15 Leukaemia, aleukaemia	M	2	..	..	..	1	..	1	..	..	4	..	1	..	..	1	1	..			
	F	4	..	1	..	..	..	1	1	1	2	..	..	..	1	..	..	1			
16 Diabetes ..	M	5	..	..	..	..	..	1	2	2	3	..	..	..	..	..	..	1			
	F	14	..	..	1	..	..	5	5	3	7	..	..	..	..	1	1	1			
17 Vascular lesions of nervous system	M	136	..	..	..	2	2	24	48	60	125	..	..	..	..	2	18	42			
	F	215	..	..	..	1	2	41	67	104	140	..	..	..	..	2	18	47			
18 Coronary disease, angina	M	203	..	..	..	..	9	74	59	61	151	..	..	..	..	6	43	59			
	F	108	..	..	..	..	..	27	46	35	73	..	..	..	..	..	14	36			
19 Hypertension with heart disease	M	38	..	..	..	..	1	10	16	11	10	..	..	..	..	..	1	7			
	F	33	..	..	..	..	..	6	15	12	18	..	..	..	..	..	2	7			
20 Other heart disease	M	271	..	..	..	..	1	37	82	151	187	..	..	..	..	5	20	47			
	F	413	..	..	2	2	7	38	84	280	234	..	..	..	..	3	22	44			
21 Other circulatory disease	M	44	..	..	..	..	2	4	14	24	39	..	..	..	..	..	4	10			
	F	29	..	..	..	..	1	8	4	16	37	..	..	..	..	2	5	7			
22 Influenza ..	M	17	1	1	1	..	..	6	4	4	11	1	..	..	..	..	1	4			
	F	11	1	..	..	..	1	2	3	4	9	..	..	..	..	1	3	..			
23 Pneumonia	M	43	4	2	..	1	3	13	8	12	21	5	1	..	..	2	2	5			
	F	43	11	..	1	1	1	6	6	17	17	4	2	1	..	1	2	..			
24 Bronchitis ..	M	61	..	..	1	..	1	29	18	12	31	1	..	..	..	1	6	10			
	F	42	2	..	..	..	1	8	8	23	17	1	..	..	..	1	2	7			
25 Other diseases of respiratory system	M	10	..	..	1	..	2	4	2	1	4	..	..	..	..	..	3	..			
	F	8	..	..	..	..	1	3	1	3	8	..	..	..	..	1	3	1			
26 Ulcer of stomach and duodenum	M	13	..	..	..	..	1	5	5	2	17	..	..	..	..	3	6	4			
	F	6	..	..	..	..	..	2	..	4	7	..	..	..	..	1	2	2			
27 Gastritis, enteritis and diarrhoea	M	9	6	1	..	..	..	1	..	1	3	2	..	..	..	..	1	..			
	F	4	2	..	..	1	..	..	..	1	5	3	..	..	..	..	..	..			

Table 3—continued.

[illegible]



TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1948.

DISTRICT.	Cancer.		Heart diseases.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Tuberculosis Non-pulmonary.		Other circulatory diseases.		Intra-cranial vascular lesions.	
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.
<b>A.—URBAN.</b>														
1. Eston ..	44	1.35	107	3.29	60	1.84	20	.61	2	.06	21	.65	26	.8
2. Guisborough ..	12	1.43	34	4.05	9	1.07	..	..	1	.12	5	.60	10	1.1
3. Loftus ..	16	2.21	18	2.49	2	.28	1	.14	..	..	5	.69	11	1.5
4. Malton ..	11	2.55	19	4.40	9	2.08	..	..	1	.23	1	.23	8	1.8
5. Northallerton ..	9	1.64	14	2.55	5	.91	1	.18	..	..	1	.18	7	1.2
6. Pickering ..	7	1.75	27	6.73	2	.50	1	.25	..	..	2	.50	6	1.5
7. Redcar ..	51	1.88	96	3.54	31	1.14	10	.37	4	.15	16	.59	38	1.4
8. Richmond ..	10	1.85	9	1.66	10	1.85	1	.18	..	..	5	.92	12	2.2
9. Saltburn and Marske	18	2.26	36	4.52	8	1.01	3	.38	..	..	10	1.26	15	1.8
10. Scalby ..	10	1.76	25	4.40	6	1.06	2	.35	1	.18	2	.35	12	2.1
11. Scarborough ..	90	2.01	254	5.66	45	1.00	17	.38	3	.07	17	.38	69	1.5
12. Skelton & Brotton ..	24	1.88	52	4.07	11	.86	8	.63	2	.16	5	.39	13	1.0
13. Thornaby-on-Tees ..	42	1.84	59	2.58	46	2.01	12	.53	..	..	8	.35	22	.9
14. Whitby ..	29	2.43	58	4.87	4	.34	2	.17	1	.08	2	.17	33	2.7
Total Urban ..	373	1.86	808	4.03	248	1.24	78	.39	15	.07	100	.50	282	1.4
<b>B.—RURAL.</b>														
1. Aysgarth ..	9	2.48	12	3.31	5	1.38	..	..	..	..	2	.55	6	1.6
2. Bedale ..	9	1.30	23	3.33	8	1.16	3	.43	..	..	1	.14	10	1.4
3. Croft ..	1	.38	9	3.38	4	1.50	..	..	..	..	1	.38	3	1.1
4. Easingwold ..	14	1.33	36	3.42	6	.57	4	.38	1	.09	4	.38	23	2.1
5. Flaxton ..	38	1.91	58	2.91	10	.50	5	.25	3	.15	11	.55	15	.7
6. Helmsley ..	3	.56	15	2.79	4	.74	5	.93	..	..	2	.37	5	.9
7. Kirbymoorside ..	8	1.73	19	4.12	3	.65	..	..	1	.22	5	1.08	10	2.1
8. Leyburn ..	8	1.25	23	3.59	4	.62	6	.94	..	..	2	.31	10	1.5
9. Malton ..	6	.97	27	4.38	6	.97	1	.16	..	..	1	.16	9	1.4
10. Masham ..	3	1.76	8	4.69	5	2.93	..	..	..	..	..	..	1	.5
11. Northallerton ..	15	1.86	28	3.48	14	1.74	..	..	..	..	7	.87	14	1.7
12. Pickering ..	18	3.40	26	4.91	3	.57	2	.38	..	..	2	.38	14	2.6
13. Reeth ..	3	1.43	10	4.77	4	1.91	..	..	..	..	1	.48	4	1.9
14. Richmond ..	23	1.71	26	1.93	10	.74	4	.30	1	.07	5	.37	18	1.3
15. Scarborough ..	15	1.98	34	4.48	6	.79	2	.26	..	..	1	.13	9	1.1
16. Startforth ..	5	1.24	19	4.70	3	.74	1	.25	..	..	1	.25	8	1.9
17. Stokesley ..	26	1.51	59	3.43	20	1.16	7	.41	2	.12	12	.70	26	1.5
18. Thirsk ..	16	1.29	64	5.17	6	.48	3	.24	2	.16	6	.48	17	1.3
19. Wath ..	3	1.41	3	1.41	3	1.41	1	.47	..	..	..	..	4	1.8
20. Whitby ..	28	2.37	44	3.73	19	1.61	2	.17	..	..	8	.68	35	2.9
Total Rural ..	251	1.65	543	3.57	143	.94	46	.30	10	.07	72	.47	241	1.5
Administrative County ..	624	1.77	1351	3.83	391	1.11	124	.35	25	.07	172	.49	523	1.4

TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1949.

DISTRICT.	Cancer.		Heart diseases.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Tuberculosis non-pulmonary.		Other circulatory diseases.		Intra-cranial vascular lesions.	
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.
<b>A.—URBAN.</b>														
1. Eston ..	59	1.78	99	2.99	50	1.51	23	.70	2	.06	16	.48	43	1.30
2. Guisborough ..	12	1.38	36	4.14	13	1.49	3	.34	..	..	4	.46	8	.92
3. Loftus ..	15	2.05	31	4.24	6	.82	3	.41	2	.27	5	.68	16	2.19
4. Malton ..	12	2.59	21	4.54	4	.86	1	.22	..	..	1	.22	5	1.08
5. Northallerton ..	13	2.25	22	3.80	4	.69	1	.17	..	..	6	1.04	14	2.42
6. Pickering ..	7	1.63	22	5.11	8	1.86	1	.23	..	..	2	.46	9	2.09
7. Redcar ..	52	1.90	139	5.09	19	.70	10	.37	2	.07	20	.73	41	1.50
8. Richmond ..	4	.71	18	3.19	6	1.06	1	.18	..	..	..	..	6	1.06
9. Saltburn and Marske ..	19	2.36	45	5.58	7	.87	6	.74	..	..	7	.87	9	1.12
10. Scalby ..	14	2.29	31	5.07	4	.65	3	.49	..	..	4	.65	11	1.80
11. Scarborough ..	94	2.15	283	6.46	52	1.19	18	.41	2	.05	23	.52	82	1.87
12. Skelton and Brotton ..	23	1.79	61	4.74	16	1.24	2	.16	1	.08	6	.47	12	.93
13. Thornaby-on-Tees ..	38	1.65	70	3.04	46	2.00	13	.57	2	.09	8	.35	27	1.17
14. Whitby ..	28	2.36	58	4.88	13	1.09	6	.51	1	.08	4	.34	28	2.36
Total Urban ..	390	1.93	936	4.62	248	1.22	91	.45	12	.06	106	.52	311	1.54
<b>B.—RURAL.</b>														
1. Aysgarth ..	8	2.21	26	7.19	2	.55	1	.28	..	..	3	.83	10	2.77
2. Bedale ..	4	.58	27	3.94	9	1.31	3	.44	1	.15	9	1.31	13	1.90
3. Croft ..	5	1.87	6	2.24	3	1.12	..	..	..	..	..	..	4	1.49
4. Easingwold ..	15	1.37	49	4.48	11	1.01	1	.09	..	..	6	.55	19	1.74
5. Flaxton ..	29	1.49	60	3.08	10	.51	4	.21	1	.05	10	.51	22	1.13
6. Helmsley ..	15	2.81	25	4.69	1	.19	1	.19	..	..	2	.37	12	2.25
7. Kirbymoorside ..	13	2.88	32	7.09	5	1.11	2	.44	..	..	3	.66	5	1.11
8. Leyburn ..	10	1.56	18	2.82	7	1.10	..	..	2	.31	4	.63	15	2.35
9. Malton ..	7	1.22	28	4.87	1	.17	2	.35	..	..	5	.87	8	1.39
10. Masham ..	5	2.91	2	1.16	3	1.74	..	..	..	..	..	..	6	3.49
11. Northallerton ..	8	.97	27	3.28	9	1.09	6	.73	..	..	7	.85	14	1.70
12. Pickering ..	10	1.99	24	4.77	9	1.79	..	..	..	..	5	.99	8	1.59
13. Reeth ..	3	1.43	11	5.23	3	1.43	..	..	..	..	1	.48	3	1.43
14. Richmond ..	15	1.11	36	2.67	13	.96	3	.22	3	.22	5	.37	10	.74
15. Scarborough ..	16	2.14	39	5.22	7	.94	3	.40	..	..	5	.67	17	2.28
16. Startforth ..	1	.26	17	4.34	1	.26	1	.26	..	..	7	1.79	13	3.32
17. Stokesley ..	30	1.72	63	3.62	21	1.21	5	.29	1	.06	16	.92	31	1.78
18. Thirsk ..	20	1.60	60	4.80	16	1.28	2	.16	..	..	7	.56	13	1.04
19. Wath ..	5	2.45	5	2.45	3	1.47	..	..	..	..	..	..	5	2.45
20. Whitby ..	24	2.04	38	3.23	8	.68	2	.17	..	..	8	.68	27	2.29
Total Rural ..	243	1.61	593	3.92	142	.94	36	.24	8	.05	103	.68	255	1.69
Administrative County ..	633	1.79	1529	4.32	390	1.10	127	.36	20	.06	209	.59	566	1.60



TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1950.

DISTRICT	Cancer.		Heart disease.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Tuberculosis non-pulmonary.		Other circulatory disease.		Vascular lesions of nervous system.	
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.
A.—URBAN.														
1. Eston ..	48	1.44	109	3.26	39	1.17	19	.57	1	.03	9	.27	41	1.23
2. Guisborough ..	15	1.71	38	4.32	19	2.16	4	.45	..	..	1	.11	21	2.39
3. Loftus ..	10	1.34	37	4.96	10	1.34	4	.54	..	..	6	.80	6	.80
4. Malton ..	11	2.52	19	4.35	8	1.83	..	..	..	..	4	.92	5	1.14
5. Northallerton ..	9	1.57	26	4.52	3	.52	2	.35	1	.17	4	.70	10	1.74
6. Pickering ..	7	1.61	20	4.60	2	.46	..	..	..	..	4	.92	17	3.91
7. Redcar ..	49	1.78	133	4.84	15	.55	8	.29	..	..	10	.36	47	1.71
8. Richmond ..	8	1.37	24	4.12	3	.51	1	.17	..	..	2	.34	9	1.54
9. Saltburn and Marske	21	2.54	51	6.17	5	.61	4	.48	..	..	5	.61	14	1.69
10. Scalby ..	11	1.73	46	7.24	..	..	4	.63	..	..	..	..	16	2.52
11. Scarborough ..	89	2.02	350	7.96	35	.80	11	.25	2	.05	16	.36	73	1.66
12. Skelton & Brotton ..	20	1.54	59	4.54	9	.69	3	.23	1	.08	5	.38	24	1.85
13. Thornaby-on-Tees ..	35	1.50	86	3.66	46	1.96	10	.43	1	.04	5	.21	32	1.36
14. Whitby ..	19	1.61	68	5.78	13	1.10	5	.42	..	..	2	.17	36	3.06
Total Urban ..	352	1.72	1066	5.22	207	1.01	75	.37	6	.03	73	.36	351	1.72
B.—RURAL.														
1. Aysgarth ..	5	1.40	20	5.60	2	.56	..	..	1	.28	3	.84	10	2.80
2. Bedale ..	12	1.64	36	4.92	7	.96	2	.27	..	..	7	.96	20	2.73
3. Croft ..	4	1.50	12	4.51	2	.75	1	.38	..	..	..	..	2	.75
4. Easingwold ..	16	1.35	49	4.15	7	.59	2	.17	..	..	6	.51	22	1.86
5. Flaxton ..	30	1.47	65	3.19	16	.79	2	.10	..	..	10	.49	23	1.13
6. Helmsley ..	14	2.62	18	3.37	1	.19	1	.19	..	..	2	.37	10	1.87
7. Kirbymoorside ..	7	1.53	22	4.79	2	.44	..	..	..	..	..	..	10	2.18
8. Leyburn ..	6	.93	26	4.04	5	.78	1	.16	..	..	3	.47	10	1.56
9. Malton ..	11	1.91	31	5.38	3	.52	1	.17	1	.17	..	..	12	2.08
10. Masham ..	3	1.77	8	4.72	4	2.36	..	..	..	..	2	1.18	5	2.95
11. Northallerton ..	15	1.75	34	3.98	5	.58	2	.23	..	..	5	.58	9	1.05
12. Pickering ..	7	1.38	30	5.93	4	.79	..	..	..	..	3	.59	10	1.98
13. Reeth ..	1	.48	8	3.87	2	.97	2	.97	..	..	1	.48	5	2.42
14. Richmond ..	27	.96	34	1.21	6	.21	5	.18	2	.07	2	.07	10	.36
15. Scarborough ..	25	3.23	38	4.91	5	.65	1	.13	..	..	7	.90	15	1.94
16. Startforth ..	7	1.73	24	5.93	2	.49	..	..	..	..	3	.74	12	2.97
17. Stokesley ..	31	1.69	79	4.32	8	.44	1	.05	2	.11	3	.16	24	1.31
18. Thirsk ..	21	1.55	65	4.79	6	.44	6	.44	..	..	8	.59	17	1.25
19. Wath ..	3	1.06	5	1.76	2	.70	1	.35	1	.35	1	.35	5	1.76
20. Whitby ..	29	2.41	69	5.74	9	.75	1	.08	..	..	10	.83	34	2.83
Total Rural ..	274	1.59	673	3.92	98	.57	29	.17	7	.04	76	.44	265	1.54
Administrative County ..	626	1.66	1739	4.62	305	.81	104	.28	13	.03	149	.40	616	1.64



TABLE 5.

Number of Deaths from certain Diseases in each District during 1948.

DISTRICT.	Pulmonary tuberculosis.				Other tuberculosis.				All tuberculosis.				Influenza.		Bronchitis and other respiratory diseases.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
<b>A.—URBAN.</b>																
1. Eston .. ..	52	20	260.0	.61	4	2	200.0	.06	56	22	254.5	.68	..	..	30	.92
2. Guisborough .. ..	3	..	..	..	3	1	300.0	.12	6	1	600.0	.12	..	..	9	1.07
3. Loftus .. ..	3	1	300.0	.14	1	..	..	..	4	1	400.0	.14	..	..	1	.14
4. Malton .. ..	1	..	..	..	..	1	..	.23	1	1	100.0	.23	..	..	6	1.39
5. Northallerton .. ..	..	1	..	.18	..	..	..	..	..	1	..	.18	..	..	2	.36
6. Pickering .. ..	3	1	300.0	.25	..	..	..	..	3	1	300.0	.25	..	..	2	.50
7. Redcar .. ..	24	10	240.0	.37	2	4	50.0	.15	26	14	185.7	.52	..	..	15	.55
8. Richmond .. ..	..	1	..	.18	..	..	..	..	..	1	..	.18	1	.18	6	1.11
9. Saltburn and Marske .. ..	4	3	133.3	.38	..	..	..	..	4	3	133.3	.38	3	.38	5	.63
10. Scalby .. ..	2	2	100.0	.35	1	1	100.0	.18	3	3	100.0	.53	..	..	3	.53
11. Scarborough .. ..	29	17	170.6	.38	9	3	300.0	.07	38	20	190.0	.45	1	.02	31	.69
12. Skelton and Brotton .. ..	6	8	75.0	.63	..	2	..	.16	6	10	60.0	.78	..	..	10	.78
13. Thornaby-on-Tees .. ..	26	12	216.7	.53	3	..	..	..	29	12	241.7	.53	3	.13	29	1.27
14. Whitby .. ..	6	2	300.0	.17	11	1	1100.0	.08	17	3	566.7	.25	..	..	3	.25
Total Urban .. ..	159	78	203.8	.39	34	15	226.7	.07	193	93	207.5	.46	8	.04	152	.76
<b>B.—RURAL.</b>																
1. Aysgarth .. ..	2	..	..	..	..	..	..	..	2	..	..	..	..	..	4	1.10
2. Bedale .. ..	3	3	100.0	.43	5	..	..	..	8	3	266.7	.43	..	..	5	.72
3. Croft .. ..	..	..	..	..	2	..	..	..	2	..	..	..	..	..	1	.38
4. Easingwold .. ..	6	4	150.0	.38	8	1	800.0	.09	14	5	280.0	.47	..	..	4	.38
5. Flaxton .. ..	22	5	440.0	.25	12	3	400.0	.15	34	8	425.0	.40	1	.05	8	.40
6. Helmsley .. ..	5	5	100.0	.93	2	..	..	..	7	5	140.0	.93	1	.19	2	.37
7. Kirbymoorside .. ..	..	..	..	..	3	1	300.0	.22	3	1	300.0	.22	..	..	2	.43
8. Leyburn .. ..	4	6	66.7	.94	1	..	..	..	5	6	83.3	.94	..	..	1	.16
9. Malton .. ..	3	1	300.0	.16	..	..	..	..	3	1	300.0	.16	..	..	2	.32
10. Masham .. ..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	.59
11. Northallerton .. ..	2	..	..	..	1	..	..	..	3	..	..	..	..	..	7	.87
12. Pickering .. ..	2	2	100.0	.38	2	..	..	..	4	2	200.0	.38	..	..	..	..
13. Reeth .. ..	..	..	..	..	1	..	..	..	1	..	..	..	1	.48	4	1.91
14. Richmond .. ..	10	4	250.0	.30	1	1	100.0	.07	11	5	220.0	.37	..	..	4	.30
15. Scarborough .. ..	4	2	200.0	.26	2	..	..	..	6	2	300.0	.26	..	..	5	.66
16. Startforth .. ..	2	1	200.0	.25	1	..	..	..	3	1	300.0	.25	..	..	2	.49
17. Stokesley .. ..	11	7	157.1	.41	4	2	200.0	.12	15	9	166.7	.52	1	.06	14	.81
18. Thirsk .. ..	2	3	66.7	.24	7	2	350.0	.16	9	5	180.0	.40	..	..	2	.16
19. Wath .. ..	..	1	..	.47	..	..	..	..	..	1	..	.47	..	..	1	.47
20. Whitby .. ..	5	2	250.0	.17	2	..	..	..	7	2	350.0	.17	..	..	11	.93
Total Rural .. ..	84	46	182.6	.30	54	10	540.0	.07	138	56	246.4	.37	4	.03	80	.53
Administrative County .. ..	243	124	196.0	.35	88	25	352.0	.07	331	149	222.1	.42	12	.03	232	.66



TABLE 5.

Number of Deaths from certain Diseases in each District during 1949.

DISTRICT.	Pulmonary tuberculosis.				Other tuberculosis.				All tuberculosis.				Influenza.		Bronchitis and other respiratory diseases.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
<b>A.—URBAN.</b>																
1. Eston .. ..	45	23	195.7	.70	10	2	500.0	.06	55	25	220.0	.77	3	.09	32	.97
2. Guisborough .. ..	3	3	100.0	.34	2	..	..	..	5	3	166.7	.34	3	.34	9	1.03
3. Loftus .. ..	4	3	133.3	.41	10	2	500.0	.27	14	5	280.0	.68	..	..	4	.55
4. Malton .. ..	2	1	200.0	.22	..	..	..	..	2	1	200.0	.22	..	..	3	.65
5. Northallerton .. ..	3	1	300.0	.17	..	..	..	..	3	1	300.0	.17	1	.17	1	.17
6. Pickering .. ..	2	1	200.0	.23	1	..	..	..	3	1	300.0	.23	2	.46	4	.93
7. Redcar .. ..	14	10	140.0	.37	4	2	200.0	.07	18	12	150.0	.44	2	.07	13	.48
8. Richmond .. ..	1	1	100.0	.18	3	..	..	..	4	1	400.0	.18	1	.18	3	.53
9. Saltburn and Marske .. ..	7	6	116.7	.74	..	..	..	..	7	6	116.7	.74	4	.50	5	.62
10. Scalby .. ..	4	3	133.3	.49	..	..	..	..	4	3	133.3	.49	..	..	2	.33
11. Scarborough .. ..	29	18	161.1	.41	2	2	100.0	.05	31	20	155.0	.46	2	.05	31	.71
12. Skelton and Brotton .. ..	8	2	400.0	.16	5	1	500.0	.08	13	3	433.3	.23	..	..	11	.85
13. Thornaby-on-Tees .. ..	22	13	169.2	.57	3	2	150.0	.09	25	15	166.7	.65	1	.04	28	1.22
14. Whitby .. ..	2	6	33.3	.51	4	1	400.0	.08	6	7	85.7	.59	1	.08	7	.59
Total Urban .. ..	146	91	160.4	.45	44	12	366.7	.06	190	103	184.5	.51	20	.10	153	.76
<b>B.—RURAL.</b>																
1. Aysgarth .. ..	3	1	300.0	.28	..	..	..	..	3	1	300.0	.28	..	..	1	.28
2. Bedale .. ..	2	3	66.7	.44	..	1	..	.15	2	4	50.0	.59	2	.29	4	.59
3. Croft .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold .. ..	3	1	300.0	.09	..	..	..	..	3	1	300.0	.09	..	..	11	1.01
5. Flaxton .. ..	9	4	225.0	.21	9	1	900.0	.05	18	5	360.0	.26	..	..	7	.36
6. Helmsley .. ..	2	1	200.0	.19	..	..	..	..	2	1	200.0	.19	..	..	1	.19
7. Kirbymoorside .. ..	1	2	50.0	.44	1	..	..	..	2	2	100.0	.44	1	.22	3	.66
8. Leyburn .. ..	4	..	..	..	2	2	100.0	.31	6	2	300.0	.31	..	..	3	.47
9. Malton .. ..	..	2	..	.35	..	..	..	..	..	2	..	.35	..	..	1	.17
10. Masham .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	1.16	1	.58
11. Northallerton .. ..	7	6	116.7	.73	2	..	..	..	9	6	150.0	.73	..	..	5	.61
12. Pickering .. ..	..	..	..	..	..	..	..	..	..	..	..	..	3	.60	6	1.19
13. Reeth .. ..	2	..	..	..	..	..	..	..	2	..	..	..	..	..	3	1.43
14. Richmond .. ..	10	3	333.3	.22	3	3	100.0	.22	13	6	216.7	.44	2	.15	9	.67
15. Scarborough .. ..	4	3	133.3	.40	..	..	..	..	4	3	133.3	.40	..	..	4	.54
16. Startforth .. ..	..	1	..	.26	..	..	..	..	..	1	..	.26	..	..	1	.26
17. Stokesley .. ..	10	5	200.0	.29	2	1	200.0	.06	12	6	200.0	.34	4	.23	10	.57
18. Thirsk .. ..	4	2	200.0	.16	1	..	..	..	5	2	250.0	.16	..	..	5	.40
19. Wath .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	.49
20. Whitby .. ..	6	2	300.0	.17	3	..	..	..	9	2	450.0	.17	..	..	5	.42
Total Rural .. ..	67	36	186.1	.24	23	8	287.5	.05	90	44	204.5	.29	14	.09	81	.54
Administrative County .. ..	213	127	167.7	.36	67	20	335.0	.06	280	147	190.5	.42	34	.10	234	.66





TABLE 5.

Number of Deaths from certain Diseases in each District during 1950.

DISTRICT.	Pulmonary tuberculosis.				Other tuberculosis.				All tuberculosis.				Influenza.		Bronchitis and other respiratory diseases.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
<b>A.—URBAN.</b>																
1. Eston ..	31	19	163.1	.57	2	1	200.0	.03	33	20	165.0	.60	2	.06	27	.81
2. Guisborough ..	4	4	100.0	.45	3	..	..	..	7	4	175.0	.45	5	.57	11	1.25
3. Loftus ..	7	4	175.0	.54	3	..	..	..	10	4	250.0	.54	1	.13	6	.80
4. Malton ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	.92
5. Northallerton ..	..	2	..	.35	..	1	..	.17	..	3	..	.52	1	.17	3	.52
6. Pickering ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	.46
7. Redcar ..	21	8	262.5	.29	1	..	..	..	22	8	275.0	.29	2	.07	8	.29
8. Richmond ..	2	1	200.0	.17	..	..	..	..	2	1	200.0	.17	..	..	1	.17
9. Saltburn and Marske ..	9	4	225.0	.48	2	..	..	..	11	4	275.0	.48	4	.48	3	.36
10. Scalby ..	4	4	100.0	.63	1	..	..	..	5	4	125.0	.63	..	..	..	..
11. Scarborough ..	25	11	227.3	.25	..	2	..	.05	25	13	192.3	.30	3	.07	19	.43
12. Skelton and Brotton ..	14	3	466.7	.23	3	1	300.0	.08	17	4	425.0	.31	4	.31	6	.46
13. Thornaby-on-Tees ..	30	10	300.0	.43	4	1	400.0	.04	34	11	309.1	.47	3	.13	23	.98
14. Whitby ..	1	5	20.0	.42	6	..	..	..	7	5	140.0	.42	3	.25	8	.68
Total Urban ..	148	75	197.3	.37	25	6	416.7	.03	173	81	213.6	.40	28	.14	121	.59
<b>B.—RURAL.</b>																
1. Aysgarth ..	..	..	..	..	..	1	..	.28	..	1	..	.28	2	.56	1	.28
2. Bedale ..	2	2	100.0	.27	..	..	..	..	2	2	100.0	.27	2	.27	7	.96
3. Croft ..	..	1	..	.38	..	..	..	..	..	1	..	.38	1	.38	..	..
4. Easingwold ..	14	2	700.0	.17	1	..	..	..	15	2	750.0	.17	..	..	5	.42
5. Flaxton ..	11	2	550.0	.10	2	..	..	..	13	2	650.0	.10	..	..	13	.64
6. Helmsley ..	3	1	300.0	.19	1	..	..	..	4	1	400.0	.19	..	..	..	..
7. Kirbymoorside ..	2	..	..	..	..	..	..	..	2	..	..	..	1	.22	1	.22
8. Leyburn ..	1	1	100.0	.16	1	..	..	..	2	1	200.0	.16	1	.16	3	.47
9. Malton ..	1	1	100.0	.17	1	1	100.0	.17	2	2	100.0	.35	1	.17	1	.17
10. Masham ..	..	..	..	..	..	..	..	..	..	..	..	..	1	.59	1	.59
11. Northallerton ..	..	2	..	.23	..	..	..	..	..	2	..	.23	..	..	2	.23
12. Pickering ..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	3	.59
13. Reeth ..	1	2	50.0	.97	1	..	..	..	2	2	100.0	.97	..	..	2	.97
14. Richmond ..	12	5	240.0	.18	1	2	50.0	.07	13	7	185.7	.25	1	.03	3	.11
15. Scarborough ..	4	1	400.0	.13	..	..	..	..	4	1	400.0	.13	1	.13	5	.65
16. Startforth ..	1	..	..	..	1	..	..	..	2	..	..	..	1	.25	1	.25
17. Stokesley ..	11	1	1100.0	.05	3	2	150.0	.11	14	3	466.7	.16	..	..	3	.16
18. Thirsk ..	5	6	83.3	.44	2	..	..	..	7	6	116.7	.44	2	.15	3	.22
19. Wath ..	1	1	100.0	.35	..	1	..	.35	1	2	50.0	.70	1	.35	1	.35
20. Whitby ..	6	1	600.0	.08	4	..	..	..	10	1	1000.0	.08	5	.42	5	.42
Total Rural ..	76	29	262.1	.17	18	7	257.1	.04	94	36	261.1	.21	20	.12	60	.35
Administrative County ..	224	104	215.4	.28	43	13	330.1	.03	267	117	228.2	.31	48	.13	181	.48





TABLE 6.

Number of Deaths from certain Diseases in each District during 1948.

DISTRICT.	Puerperal and post-abortion sepsis.		Other maternal causes.		Congenital malformations, birth injury, premature birth, infantile disease.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN						
1. Eston .. ..	..	..	..	..	16	20.59
2. Guisborough .. ..	..	..	..	..	4	27.97
3. Loftus .. ..	..	..	..	..	2	14.93
4. Malton .. ..	..	..	..	..	2	26.32
5. Northallerton .. ..	..	..	..	..	1	8.70
6. Pickering .. ..	..	..	..	..	2	29.41
7. Redcar .. ..	..	..	..	..	14	27.34
8. Richmond .. ..	..	..	..	..	1	7.69
9. Saltburn and Marske .. ..	..	..	..	..	4	23.53
10. Scalby .. ..	..	..	..	..	3	35.71
11. Scarborough .. ..	1	1.41	1	1.41	16	22.50
12. Skelton and Brotton .. ..	..	..	..	..	5	18.52
13. Thornaby-on-Tees .. ..	..	..	1	1.96	12	23.58
14. Whitby .. ..	..	..	..	..	5	22.83
Total Urban .. ..	1	.26	2	.51	87	22.21
B.—RURAL.						
1. Aysgarth .. ..	..	..	..	..	5	72.46
2. Bedale .. ..	..	..	2	14.81	..	..
3. Croft .. ..	..	..	..	..	1	16.67
4. Easingwold .. ..	..	..	..	..	6	33.15
5. Flaxton .. ..	..	..	1	3.17	11	34.92
6. Helmsley .. ..	..	..	..	..	..	..
7. Kirbymoorside .. ..	..	..	..	..	1	14.08
8. Leyburn .. ..	..	..	1	9.43	2	18.87
9. Malton .. ..	..	..	..	..	3	32.26
10. Masham .. ..	..	..	..	..	..	..
11. Northallerton .. ..	..	..	..	..	4	28.17
12. Pickering .. ..	..	..	..	..	..	..
13. Reeth .. ..	..	..	..	..	..	..
14. Richmond .. ..	..	..	1	2.48	11	27.23
15. Scarborough .. ..	..	..	1	7.87	1	7.87
16. Startforth .. ..	..	..	..	..	3	35.29
17. Stokesley .. ..	..	..	..	..	8	27.59
18. Thirsk .. ..	..	..	1	4.15	8	33.20
19. Wath .. ..	..	..	..	..	1	22.73
20. Whitby .. ..	..	..	..	..	5	29.41
Total Rural .. ..	..	..	7	2.55	70	25.53
Administrative County .. ..	1	.15	9	1.35	157	23.57

TABLE 6.

Number of Deaths from certain Diseases in each District during 1949.

DISTRICT.	Puerperal and post-abortive sepsis.		Other maternal causes.		Congenital malformations, birth injury, premature birth, infantile disease.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN.						
1. Eston .. ..	..	..	1	1.31	24	31.50
2. Guisborough .. ..	..	..	..	..	1	6.94
3. Loftus .. ..	..	..	..	..	6	43.80
4. Malton .. ..	..	..	..	..	1	4.08
5. Northallerton .. ..	..	..	..	..	1	8.93
6. Pickering .. ..	..	..	..	..	1	16.67
7. Redcar .. ..	..	..	..	..	11	24.61
8. Richmond .. ..	..	..	2	16.39	3	24.59
9. Saltburn and Marske .. ..	..	..	..	..	5	34.25
10. Scalby .. ..	..	..	..	..	1	12.82
11. Scarborough .. ..	..	..	..	..	19	19.02
12. Skelton and Brotton .. ..	..	..	..	..	9	35.02
13. Thornaby-on-Tees .. ..	..	..	..	..	10	18.59
14. Whitby .. ..	..	..	..	..	4	21.28
Total Urban .. ..	..	..	3	.81	96	26.00
B.—RURAL.						
1. Aysgarth .. ..	..	..	..	..	1	15.87
2. Bedale .. ..	..	..	..	..	3	23.26
3. Croft .. ..	..	..	..	..	..	..
4. Easingwold .. ..	..	..	1	4.95	3	14.85
5. Flaxton .. ..	..	..	..	..	9	29.51
6. Helmsley .. ..	..	..	..	..	..	..
7. Kirbymoorside .. ..	..	..	..	..	..	..
8. Leyburn .. ..	..	..	..	..	3	26.55
9. Malton .. ..	..	..	..	..	..	..
10. Masham .. ..	..	..	..	..	2	95.24
11. Northallerton .. ..	..	..	..	..	3	20.13
12. Pickering .. ..	..	..	..	..	1	13.16
13. Reeth .. ..	..	..	..	..	1	45.45
14. Richmond .. ..	..	..	..	..	13	29.21
15. Scarborough .. ..	..	..	..	..	8	73.39
16. Startforth .. ..	..	..	..	..	1	14.08
17. Stokesley .. ..	1	3.53	..	..	6	21.20
18. Thirsk .. ..	..	..	..	..	10	47.85
19. Wath .. ..	..	..	..	..	..	..
20. Whitby .. ..	..	..	..	..	3	18.52
Total Rural .. ..	1	.37	1	.37	67	24.69
Administrative County .. ..	1	.16	4	.62	163	25.44

TABLE 6.

Number of deaths from certain Diseases in each District during 1950.

DISTRICT.	Pregnancy, childbirth, abortion.		Congenital malformations.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN.				
1. Eston .. ..	1	1.39	3	4.18
2. Guisborough .. ..	..	..	2	10.64
3. Loftus .. ..	..	..	..	..
4. Malton .. ..	..	..	..	..
5. Northallerton .. ..	1	9.09	..	..
6. Pickering .. ..	1	17.24	..	..
7. Redcar .. ..	..	..	3	6.82
8. Richmond .. ..	..	..	..	..
9. Saltburn and Marske .. ..	1	6.76	2	13.51
10. Scalby .. ..	..	..	..	..
11. Scarborough .. ..	1	1.61	5	8.06
12. Skelton and Brotton .. ..	..	..	4	18.96
13. Thornaby-on-Tees .. ..	..	..	4	8.39
14. Whitby .. ..	..	..	..	..
Total Urban .. ..	5	1.43	23	6.57
B.—Rural				
1. Aysgarth .. ..	..	..	..	..
2. Bedale .. ..	1	8.77	2	17.54
3. Croft .. ..	..	..	1	18.87
4. Easingwold .. ..	..	..	..	..
5. Flaxton .. ..	..	..	2	7.14
6. Helmsley .. ..	..	..	..	..
7. Kirbymoorside .. ..	..	..	1	16.67
8. Leyburn .. ..	..	..	1	9.01
9. Malton .. ..	..	..	..	..
10. Masham .. ..	..	..	1	41.67
11. Northallerton .. ..	2	15.63	1	7.81
12. Pickering .. ..	..	..	2	28.99
13. Reeth .. ..	..	..	..	..
14. Richmond .. ..	1	2.17	3	6.51
15. Scarborough .. ..	..	..	1	9.80
16. Startforth .. ..	..	..	1	14.71
17. Stokesley .. ..	1	3.37	1	3.37
18. Thirsk .. ..	1	5.46	..	..
19. Wath .. ..	..	..	1	21.74
20. Whitby .. ..	..	..	2	11.49
Total Rural .. ..	6	2.33	20	7.77
Administrative County .. ..	11	1.81	43	7.08



TABLE 7.

Notification of Infectious Disease in 1948, as given in the weekly returns rendered by Medical Officers of Health. (Civilians Only).

DISTRICT.	Smallpox.	Scarlet fever.	Diphtheria.	Enteric Fever, includes typhoid & paratyphoid.	Pneumonia.	Cholera.	Plague	Cerebro-spinal fever.	Acute poliomyelitis.	Acute polio-encephalitis.	Encephalitis lethargica.	Typhus fever.	Undulant fever.	Trench Fever.	Dysentery.	Ophthalmia neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping cough.	Anthrax.	Puerperal pyrexia.
A.—URBAN																								
1. Eston ..	108	3	..	17	..	..	1	..	..	..	..	..	..	..	1	..	7	..	..	..	427	48	..	6
2. Guisborough ..	9	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	11	3	..	3
3. Loftus ..	12	..	..	8	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	35	29	..	..
4. Malton ..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	56	4	..	..
5. Northallerton ..	3	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	7	..	..
6. Pickering ..	4	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	95	..	..	..
7. Redcar ..	40	..	..	27	..	..	1	1	..	..	..	..	..	..	..	1	4	..	..	..	108	76	..	..
8. Richmond ..	1	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	14	74	11	..	1
9. Saltburn & Marske ..	27	1	..	3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	21	2	..	..
10. Scalby ..	3	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	6	..	..
11. Scarborough ..	33	..	1	17	..	..	1	1	..	..	..	..	..	..	4	..	5	..	..	..	183	55	..	9
12. Skelton & Brotton ..	15	4	..	4	..	..	..	..	..	..	..	..	..	..	1	..	4	..	..	..	19	26	..	1
13. Thornaby-on-Tees ..	8	2	..	18	..	..	1	..	..	..	..	..	..	..	..	..	12	..	..	..	168	34	..	2
14. Whitby ..	8	..	..	3	..	..	..	..	..	..	..	..	..	..	..	1	4	..	..	..	37	95	..	1
Total Urban	277	11	2	109	..	..	4	2	..	..	..	..	..	..	6	2	41	..	..	14	1247	396	..	23
1947	540	17	7	127	..	..	8	16	1	..	..	..	..	..	..	2	50	..	..	28	1514	255	..	20
B.—RURAL.																								
1. Aysgarth ..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	73	17	..	1
2. Bedale ..	4	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	8	20	..	..
3. Croft ..	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	29	..	..	..
4. Easingwold ..	8	1	..	9	..	..	1	..	..	..	..	..	..	..	..	..	2	..	..	39	16	40	..	1
5. Flaxton ..	61	4	..	5	..	..	1	..	..	..	..	..	..	..	..	..	5	..	..	..	54	46	..	..
6. Helmsley ..	6	..	..	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	8	..	..
7. Kirbymoorside ..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	5	80	13	..	..
8. Leyburn ..	14	..	..	12	..	..	1	..	..	..	..	..	..	..	1	1	1	..	..	..	31	75	..	..
9. Malton ..	8	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	39	22	..	..
10. Masham ..	18	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	21	..	..
11. Northallerton ..	7	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	23	..	..	..
12. Pickering ..	3	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	19	33	..	1
13. Reeth ..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	4	4	..	..
14. Richmond ..	17	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	19	139	37	..	1
15. Scarborough ..	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	76	32	..	1
16. Startforth ..	16	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	164	16	..	..
17. Stokesley ..	14	3	1	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	105	21	..	..
18. Thirsk ..	7	..	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1
19. Wath ..	1	..	..	3	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	2	6	..	..
20. Whitby ..	3	..	..	4	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	68	39	..	2
Total Rural	199	9	1	94	..	..	4	1	..	..	..	..	..	..	..	3	20	..	..	65	937	451	..	8
1947	219	29	..	89	..	..	9	46	4	..	..	..	..	..	1	1	20	..	..	120	1023	222	..	8
Administrative County	476	20	3	203	..	..	8	3	..	..	..	..	..	..	6	5	61	..	..	79	2184	847	..	31
1947	759	46	7	216	..	..	17	62	5	..	..	..	..	..	1	3	70	..	..	148	2537	477	..	28

TABLE 7.

Notification of Infectious Disease in 1949, as given in the weekly returns rendered by Medical Officers of Health. (Civilians Only).

DISTRICT.	Smallpox.	Scarlet fever.	Diphtheria.	Enteric Fever, includes typhoid & paratyphoid.	Pneumonia.	Cholera.	Plague.	Cerebro-spinal fever.	Acute poliomyelitis.	Acute polio-encephalitis.	Encephalitis lethargica.	Typhus fever.	Undulant fever.	Trench Fever.	Dysentery.	Ophthalmia neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping cough.	Anthrax.	Puerperal pyrexia.	Food poisoning
A.—URBAN																									
1. Eston ..	59	1	1	24	..	..	1	1	..	..	..	..	..	..	..	2	13	..	..	..	335	14	..	8	1
2. Guisborough ..	4	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	83	6	..	..	..
3. Loftus ..	2	..	..	9	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	61	41	..	..	..
4. Malton ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	41	24	..	1	..
5. Northallerton ..	3	..	..	1	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	53	1	..	..	..
6. Pickering ..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	74	18	..	..	..
7. Redcar ..	42	1	..	12	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	91	41	..	..	..
8. Richmond ..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	4	..	..	1	..
9. Saltburn & Marske ..	3	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	74	..	..	1	..
0. Scalby ..	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	46	24	..	..	..
1. Scarborough ..	64	..	2	6	..	..	..	2	..	..	..	..	..	..	..	..	4	..	..	..	539	262	..	6	..
2. Skelton & Brotton ..	11	..	..	6	..	..	..	1	..	..	..	..	..	..	..	..	4	..	..	..	265	8	..	1	..
3. Thornaby-on-Tees ..	2	5	..	17	..	..	1	..	..	..	..	..	..	..	4	1	13	..	..	..	56	53	..	4	..
4. Whitby ..	15	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	5	..	1	..	368	4	..	1	..
Total Urban ..	214	8	3	88	..	..	3	6	..	..	..	..	..	..	4	4	47	..	1	6	2090	496	..	23	1
1948 ..	277	11	2	109	..	..	4	2	..	..	..	..	..	..	6	2	41	..	..	14	1247	396	..	23	..
B.—RURAL.																									
1. Aysgarth ..	2	..	..	4	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	14	3	..	1	..
2. Bedale ..	3	..	..	9	..	..	..	1	..	..	..	..	..	..	1	..	1	..	..	..	225	30	..	..	..
3. Croft ..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	..	..	..	..
4. Easingwold ..	10	1	..	8	..	..	..	4	..	..	..	..	..	..	..	..	4	..	3	38	175	8	..	..	..
5. Flaxton ..	42	2	..	12	..	..	1	2	..	..	..	..	..	..	..	..	7	..	..	..	348	122	..	..	..
6. Helmsley ..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	113	18	..	..	..
7. Kirbymoorside ..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	64	33	..	..	..
8. Leyburn ..	14	..	..	9	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	32	13	..	2	..
9. Malton ..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	130	22	..	..	..
0. Masham ..	..	..	..	24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	87	48	..	..	..
1. Northallerton ..	6	1	3	3	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	63	12	..	1	..
2. Pickering ..	1	2	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	147	23	..	..	..
3. Reeth ..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	19	2	..	1	..
4. Richmond ..	31	1	..	6	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	10	125	18	..	1	..
5. Scarborough ..	6	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	72	26	..	..	..
6. Startforth ..	11	..	1	5	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	19	6	..	..	..
7. Stokesley ..	17	3	..	17	..	..	..	..	..	..	..	..	..	..	1	..	3	..	..	..	253	112	..	1	..
8. Thirsk ..	12	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	24	8	..	..	..
9. Wath ..	12	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	36	14	..	..	..
0. Whitby ..	3	..	..	6	..	..	..	1	..	..	..	..	..	..	..	..	2	..	..	..	107	10	..	..	..
Total Rural ..	178	12	5	119	..	..	1	16	..	..	..	..	..	..	2	2	20	..	3	48	2064	528	..	7	..
1948 ..	199	9	1	94	..	..	4	1	..	..	..	..	..	..	..	3	20	..	..	65	937	451	..	8	..
Administrative County ..	392	20	8	207	..	..	4	22	..	..	..	..	..	..	6	6	67	..	4	54	4154	1024	..	30	1
1948 ..	476	20	3	203	..	..	8	3	..	..	..	..	..	..	6	5	61	..	..	79	2184	847	..	31	..



TABLE 7.

Notification of Infectious Disease in 1950, as given in the weekly returns rendered  
by Medical Officers of Health.

DISTRICT.		Smallpox.	Scarlet fever.	Diphtheria.	Enteric Fever, includes typhoid & paratyphoid.	Pneumonia.	Cholera.	Plague.	Meningococcal Infection.	Acute polio-myelitis		Acute encephalitis.	Undulant fever.	Food poisoning.	Dysentery.	Ophthalmia neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping cough.	Anthrax.	Puerperal pyrexia.
										Paralytic	Non-paralytic													
A.—URBAN.																								
1. Eston ..	..	42	..	..	24	..	..	2	3	..	1	..	..	..	10	..	2	..	..	..	113	80	..	4
2. Guisborough ..	..	4	..	..	4	..	..	1	1	..	..	..	..	..	..	..	1	..	..	..	15	6	..	..
3. Loftus ..	..	9	..	..	14	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	13	10	..	..
4. Malton ..	..	5	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	6	1	..	..
5. Northallerton ..	..	8	..	..	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..
6. Pickering ..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	4	..	..	..	..	..	4	1	..	..
7. Redcar ..	..	21	1	..	17	..	..	..	4	..	..	..	..	..	3	..	4	..	..	..	609	162	..	1
8. Richmond ..	..	8	..	..	..	..	..	..	5	1	..	..	..	..	..	..	1	..	..	..	108	10	..	..
9. Saltburn & Marske ..	..	8	..	..	2	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	110	53	..	3
10. Scalby ..	..	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	77	14	..	1
11. Scarborough ..	..	68	..	1	19	..	..	2	5	2	..	..	..	2	..	..	5	..	..	..	469	159	..	4
12. Skelton & Brotton ..	..	20	1	..	9	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	5	26	..	1
13. Thornaby-on-Tees ..	..	6	1	..	26	..	..	2	3	2	..	..	..	..	3	..	9	..	..	..	262	80	..	..
14. Whitby ..	..	5	..	..	10	..	..	..	4	..	..	..	1	..	..	1	..	..	1	..	232	19	..	..
Total Urban	..	215	3	1	127	..	..	8	30	6	2	..	1	2	20	1	27	..	1	..	2026	621	..	14
1949	..	214	8	3	88	..	..	3	6	..	..	..	..	1	4	4	47	..	1	6	2090	496	..	23
B.—RURAL																								
1. Aysgarth ..	..	5	..	..	1	..	..	..	2	..	..	..	..	..	2	..	1	..	..	..	4	6	..	..
2. Bedale ..	..	5	..	..	21	..	..	..	1	1	..	..	..	..	..	..	4	..	..	..	33	62	..	..
3. Croft ..	..	4	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	35	4	..	..
4. Easingwold ..	..	7	..	..	2	..	..	1	1	2	..	..	..	..	1	..	1	..	1	96	189	16	..	..
5. Flaxton ..	..	64	1	..	3	..	..	..	8	6	..	..	..	..	..	..	2	..	..	..	216	47	..	1
6. Helmsley ..	..	4	..	..	3	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	106	7	..	..
7. Kirbymoorside ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	79	..	..	..
8. Leyburn ..	..	2	..	..	3	..	..	..	1	..	..	..	..	..	..	1	1	..	..	..	112	41	..	..
9. Malton ..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	19	3	..	..
10. Masham ..	..	1	..	..	..	..	..	..	..	1	..	..	..	43	..	..	..	..	..	50	5	3	..	..
11. Northallerton ..	..	8	..	..	..	..	..	..	1	..	..	..	..	..	9	..	1	..	..	..	76	30	..	..
12. Pickering ..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..
13. Reeth ..	..	1	..	..	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	9	2	..	..
14. Richmond ..	..	23	1	..	6	..	..	..	4	2	..	1	..	..	3	..	1	..	1	3	224	59	..	5
15. Scarborough ..	..	7	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	..	57	39	..	..
16. Startforth ..	..	5	1	..	3	..	..	..	1	..	..	..	..	..	..	..	2	..	..	1	125	8	..	..
17. Stokesley ..	..	17	..	..	13	..	..	..	1	..	..	..	..	..	1	..	6	..	..	35	159	107	..	1
18. Thirsk ..	..	15	..	..	8	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..	63	13	..	..
19. Wath ..	..	3	..	..	4	..	..	..	..	..	..	..	..	..	26	..	1	..	..	1	47	..	..	1
20. Whitby ..	..	5	..	..	4	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	26	57	..	..
Total Rural	..	187	3	..	74	..	..	1	28	14	..	1	..	45	44	1	21	..	2	186	1588	504	..	8
1949	..	178	12	5	119	..	..	1	16	..	..	..	..	..	2	2	20	..	3	48	2064	528	..	7
Administrative County	..	402	6	1	201	..	..	9	58	20	2	1	1	47	64	2	48	..	3	186	3614	1125	..	22
1949	..	392	20	8	207	..	..	4	22	..	..	..	..	1	6	6	67	..	4	54	4154	1024	..	30



TABLE 8.

Number of Deaths from Infectious Diseases in each District during 1948.

DISTRICT.	Scarlet fever.		Diphtheria		Typhoid and paratyphoid fever.		Measles.		Whooping cough.		Diarrhoea under 2 years.		Pneumonia.	
	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 births.	Deaths.	Death-rate per 1,000 population.
A.—URBAN.														
1. Eston ..	..	..	..	..	..	..	1	·03	1	·03	2	2·57	30	·92
2. Guisborough ..	..	..	..	..	..	..	..	..	..	..	2	13·99	..	..
3. Loftus ..	..	..	..	..	..	..	..	..	..	..	..	..	1	·14
4. Malton ..	..	..	..	..	..	..	..	..	..	..	..	..	3	·69
5. Northallerton ..	..	..	..	..	..	..	..	..	..	..	1	8·70	3	·55
6. Pickering ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Redcar ..	..	..	..	..	..	..	..	..	1	·04	..	..	16	·59
8. Richmond ..	..	..	..	..	..	..	..	..	..	..	..	..	4	·74
9. Saltburn and Marske ..	..	..	..	..	..	..	1	·13	..	..	..	..	3	·38
10. Scalby ..	..	..	..	..	..	..	..	..	..	..	..	..	3	·53
11. Scarborough ..	..	..	..	..	..	..	..	..	..	..	1	1·41	14	·31
12. Skelton and Brotton ..	..	..	..	..	..	..	..	..	..	..	1	3·70	1	·08
13. Thornaby-on-Tees..	..	..	..	..	..	..	..	..	..	..	5	9·82	17	·74
14. Whitby ..	..	..	..	..	..	..	..	..	..	..	..	..	1	·08
Total Urban ..	..	..	..	..	..	..	2	·01	2	·01	12	3·06	96	·48
B.—RURAL														
1. Aysgarth ..	..	..	..	..	..	..	..	..	1	·28	..	..	1	·28
2. Bedale ..	..	..	..	..	..	..	..	..	..	..	..	..	3	·43
3. Croft ..	..	..	..	..	..	..	..	..	..	..	..	..	3	1·13
4. Easingwold ..	..	..	..	..	..	..	..	..	..	..	..	..	2	·19
5. Flaxton ..	..	..	..	..	..	..	..	..	..	..	..	..	2	·10
6. Helmsley ..	..	..	..	..	..	..	..	..	..	..	..	..	2	·37
7. Kirbymoorside ..	..	..	..	..	..	..	..	..	..	..	..	..	1	·22
8. Leyburn ..	..	..	..	..	..	..	..	..	..	..	..	..	3	·47
9. Malton ..	..	..	..	..	..	..	..	..	..	..	..	..	4	·65
10. Masham ..	..	..	..	..	..	..	..	..	..	..	..	..	4	2·35
11. Northallerton ..	..	..	..	..	..	..	..	..	..	..	..	..	7	·87
12. Pickering ..	..	..	..	..	..	..	..	..	..	..	..	..	3	·57
13. Reeth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Richmond ..	..	..	..	..	..	..	..	..	..	..	1	2·48	6	·45
15. Scarborough ..	..	..	..	..	..	..	..	..	..	..	..	..	1	·13
16. Startforth ..	..	..	..	..	..	..	1	·25	1	·25	..	..	1	·25
17. Stokesley ..	..	..	..	..	..	..	..	..	..	..	..	..	6	·35
18. Thirsk ..	..	..	..	..	..	..	..	..	..	..	..	..	4	·32
19. Wath ..	..	..	1	·47	..	..	..	..	..	..	..	..	2	·94
20. Whitby ..	..	..	..	..	..	..	..	..	..	..	..	..	8	·68
Total Rural ..	..	..	1	·007	..	..	1	·007	2	·01	1	·36	63	·41
Administrative County..	..	..	1	·003	..	..	3	·009	4	·01	13	1·95	159	·45

TABLE 8.

Number of Deaths from Infectious Diseases in each District during 1949.

DISTRICT.	Scarlet fever.		Diphtheria.		Typhoid and paratyphoid fevers.		Pneumonia.		Measles.		Whooping cough.		Diarrhoea under 2 years.	
	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 births.
A.—URBAN.														
1. Eston ..	..	..	..	..	1	·03	18	·54	1	·03	..	..	5	6·56
2. Guisborough ..	..	..	..	..	..	..	4	·46	..	..	..	..	..	..
3. Loftus ..	..	..	..	..	..	..	2	·27	..	..	..	..	..	..
4. Malton ..	..	..	..	..	..	..	1	·22	..	..	..	..	..	..
5. Northallerton ..	..	..	..	..	..	..	3	·52	1	·17	..	..	..	..
6. Pickering ..	..	..	..	..	..	..	4	·93	..	..	..	..	..	..
7. Redcar ..	..	..	..	..	..	..	6	·22	..	..	..	..	2	4·47
8. Richmond ..	..	..	..	..	..	..	3	·53	..	..	..	..	1	8·20
9. Saltburn and Marske ..	..	..	..	..	..	..	2	·25	..	..	..	..	2	13·70
10. Scalby ..	..	..	..	..	..	..	2	·33	..	..	..	..	..	..
11. Scarborough ..	..	..	..	..	..	..	21	·48	1	·02	..	..	2	3·17
12. Skelton and Brotton ..	..	..	..	..	..	..	5	·39	1	·08	..	..	3	11·67
13. Thornaby-on-Tees ..	..	..	..	..	..	..	18	·78	..	..	..	..	5	9·29
14. Whitby ..	..	..	..	..	..	..	6	·51	..	..	..	..	1	5·32
Total Urban ..	..	..	..	..	1	·005	95	·47	4	·02	..	..	21	5·69
B.—RURAL.														
1. Aysgarth ..	..	..	..	..	..	..	1	·28	..	..	..	..	..	..
2. Bedale ..	..	..	..	..	..	..	5	·73	..	..	..	..	..	..
3. Croft ..	..	..	..	..	..	..	3	1·12	..	..	..	..	2	26·32
4. Easingwold ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Flaxton ..	..	..	..	..	..	..	3	·15	..	..	1	·05	..	..
6. Helmsley ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Kirbymoorside ..	..	..	..	..	..	..	2	·44	..	..	..	..	..	..
8. Leyburn ..	..	..	..	..	..	..	4	·63	..	..	..	..	..	..
9. Malton ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Masham ..	..	..	..	..	..	..	2	1·16	..	..	..	..	..	..
11. Northallerton ..	..	..	..	..	..	..	4	·49	..	..	..	..	1	6·71
12. Pickering ..	..	..	1	·20	..	..	3	·60	..	..	..	..	..	..
13. Reeth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Richmond ..	..	..	..	..	..	..	4	·30	..	..	..	..	..	..
15. Scarborough ..	..	..	..	..	..	..	3	·40	..	..	..	..	..	..
16. Startforth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17. Stokesley ..	..	..	..	..	..	..	11	·63	..	..	..	..	..	..
18. Thirsk ..	..	..	..	..	..	..	11	·88	..	..	..	..	..	..
19. Wath ..	..	..	..	..	..	..	2	·98	..	..	..	..	..	..
20. Whitby ..	..	..	..	..	..	..	3	·25	..	..	..	..	..	..
Total Rural ..	..	..	1	·007	..	..	61	·40	..	..	1	·007	3	1·11
Administrative County ..	..	..	1	·003	1	·003	156	·44	4	·01	1	·003	24	3·75

TABLE 8.

Number of Deaths from Infectious Diseases in each District during 1950.

DISTRICT.	Diph- theria.		Measles.		Whooping cough.		Pneu- monia	
	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths	Death-rate per 1,000 population.
A.—URBAN.								
1. Eston ..	..	..	..	..	1	·03	12	·36
2. Guisborough ..	..	..	..	..	1	·11	8	·91
3. Loftus ..	..	..	..	..	..	..	4	·54
4. Malton ..	..	..	..	..	..	..	4	·92
5. Northallerton ..	..	..	..	..	..	..	..	..
6. Pickering ..	..	..	..	..	..	..	..	..
7. Redcar ..	..	..	..	..	2	·07	7	·25
8. Richmond ..	..	..	..	..	..	..	2	·34
9. Saltburn and Marske ..	..	..	..	..	1	·12	2	·24
10. Scalby ..	..	..	..	..	..	..	..	..
11. Scarborough ..	..	..	..	..	..	..	16	·36
12. Skelton and Brotton ..	..	..	..	..	1	·08	3	·23
13. Thornaby-on-Tees ..	..	..	1	·04	1	·04	23	·98
14. Whitby ..	..	..	1	·08	..	..	5	·42
Total Urban ..	..	..	2	·01	7	·03	86	·42
B.—RURAL.								
1. Aysgarth ..	..	..	..	..	..	..	1	·28
2. Bedale ..	..	..	..	..	..	..	..	..
3. Croft ..	..	..	..	..	..	..	2	·75
4. Easingwold ..	..	..	..	..	..	..	2	·17
5. Flaxton ..	..	..	..	..	..	..	3	·15
6. Helmsley ..	..	..	..	..	..	..	1	·19
7. Kirbymoorside ..	..	..	..	..	..	..	1	·22
8. Leyburn ..	..	..	..	..	..	..	2	·31
9. Malton ..	..	..	..	..	..	..	2	·35
10. Masham ..	..	..	..	..	..	..	3	1·77
11. Northallerton ..	..	..	..	..	1	·12	3	·35
12. Pickering ..	..	..	..	..	..	..	1	·20
13. Reeth ..	..	..	..	..	..	..	..	..
14. Richmond ..	..	..	..	..	..	..	3	·11
15. Scarborough ..	..	..	..	..	..	..	..	..
16. Startforth ..	..	..	..	..	..	..	1	·25
17. Stokesley ..	..	..	1	·05	..	..	5	·27
18. Thirsk ..	..	..	..	..	..	..	3	·22
19. Wath ..	..	..	..	..	..	..	1	·35
20. Whitby ..	..	..	..	..	..	..	4	·33
Total Rural ..	..	..	1	·01	1	·01	38	·22
Administrative County ..	..	..	3	·01	8	·02	124	·33





TABLE 9.—DEATHS, with their causes, in each District during 1948.

TABLE 3.—DEATHS, with their causes, in each District during 1948.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
DISTRICT.	All causes.		Typhoid and paratyphoid fevers.		Cerebro-spinal fever.		Scarlet fever.		Whooping cough.		Diphtheria.		Tuberculosis of respiratory system.		Other forms of tuberculosis.		Syphilitic diseases.		Influenza.		Measles.		Ac : polio-myel : & polio-enceph :		Acute infectious encephalitis.		Cancer of buc : cav : & oesoph : (M). uterus (F).		Cancer of stomach & duodenum.		Cancer of breast.		Cancer of all other sites.		Diabetes.		Intra-cranial vascular lesions.		Heart diseases.		Other diseases of circulatory system.		Bronchitis.		Pneumonia.		Other respiratory diseases.		Ulcer of the stomach or duodenum.		Diarrhoea (under 2 years of age).		Appendicitis.		Other digestive diseases.		Nephritis.		Puerperal & post abortive sepsis.		Other maternal causes.		Premature birth.		Con : mal : birth inj : infant : dis :		Suicide.		Road traffic accidents.		Other violent causes.		All other causes.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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TABLE 9.—DEATHS, with their causes, in each District during 1949.

[illegible]





**TABLE 9.—DEATHS, with their causes, in each District during 1950**

[illegible]







